



CHRISTOPHER CELESTE
TAX ASSESSOR

City of Warwick

FINANCE DEPARTMENT
OFFICE OF THE ASSESSOR

CITY HALL ANNEX
3275 POST ROAD
WARWICK, RI 02886
401-738-2005

CHANGE OF ADDRESS REQUEST

PLEASE RETURN THIS COMPLETED FORM TO:

CITY ASSESSOR
CITY HALL - ANNEX BUILDING
3275 POST ROAD
WARWICK, RI 02886

NAME ON TAX BILL _____

REAL PROPERTY (parcel ID / address) _____

MOTOR VEHICLE (registration) _____

PERSONAL PROPERTY (sequence number) _____

NEW ADDRESS:

PRINT NAME: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

(Must be signed by owner of record or legal representative)

For motor vehicle excise bills, you MUST also change the address on all registrations with RI DMV.

Please note that you must also change your address with the
Utility Billing and Sewer Assessment Departments, if applicable.

FOR OFFICE USE ONLY

CHANGE MADE BY _____ DATE _____