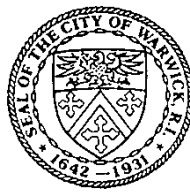


FRANK J. PICOZZI
MAYOR



NEAL DUPUIS
TAX ASSESSOR

City of Warwick

FINANCE DEPARTMENT
OFFICE OF THE ASSESSOR
401-738-2005

ADDRESS CHANGE REQUEST

PLEASE RETURN THIS COMPLETED FORM TO:

VIA MAIL:

ASSESSOR'S OFFICE
3275 POST ROAD
WARWICK, RI 02886

IN PERSON:

ASSESSOR'S OFFICE
65 CENTERVILLE ROAD
WARWICK, RI 02886

NAME ON TAX BILL _____

REAL PROPERTY (parcel ID / address) _____

MOTOR VEHICLE (registration) – Must change directly with the DMV

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** 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 _____

Assessor's Office is now located at:

Physical Location: 65 Centerville Road - Mailing Address: 3275 Post Road, Warwick RI 02886