

ADDRESS CHANGE FORM

DATE _____ PARCEL # _____ RESIDENT [] NON-RESIDENT []

NAME/S (PLEASE PRINT):

[PLEASE LIST ALL WHO ARE AFFECTED]

OLD ADDRESS: _____

NEW ADDRESS: _____

Office use only:

_____	TAX ADMINISTRATION	
_____	GRAND LIST (CLERK)	
_____	E-911	
_____	GRAND LIST BOOK	
_____	GRAND LIST (LISTERS)	
_____	VOTERS/CHECKLIST	
_____	TAX MAP (LISTERS)	_____ DOGS

COMMENTS: _____ Information rec'd with tax payment rec'd _____

Please mail to: Town of Corinth
PO Box 461
Corinth, VT 05039

Fax # 1-802-439-9104