



OFFICE OF THE CITY ASSESSOR

Woonsocket, RI

CHANGE OF ADDRESS REQUEST

PLEASE RETURN THIS COMPLETED FORM TO:

CITY ASSESSOR
WOONSOCKET CITY HALL
PO BOX B
169 MAIN STREET
WOONSOCKET, RI 02895

NAME ON TAX BILL _____

ACCOUNT NUMBER(S) _____

NEW ADDRESS:

SIGNATURE: _____ DATE _____

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

For motor vehicle excise bills, you MUST also change your address with DMV.

Please note that you must also change your address with the
Sewer, Water and Solid Waste Departments, if applicable.

FOR OFFICE USE ONLY

CHANGE MADE BY _____ DATE _____