



Address Change Form

City of Dover, Tax Assessment Office
288 Central Ave, Dover, NH 03820
CityAssessors@dover.nh.gov
603-516-6014

This information will be used to update ownership information in the Tax Assessor's files, which is used to generate tax bills, water & sewer bills, and other city mailings. *If this change is only for the purpose of adding or removing a tenant for water/sewer billings, please refer to the [Water/Sewer Account Change Form](#), or dover-utilitybilling@dover.nh.gov.*

****Please return this form in person with a valid ID (i.e. driver's license, passport, etc.) to the Tax Assessor's Office. Alternatively, the form can be notarized and returned via mail.****

Location:

Parcel ID #: _____
(if known)

Property Location: _____
(Street Address)

Water/Sewer Service ID# (SID): _____
(if known)

Contact Information:

Name of Owner(s) on record: *(Note: Name changes & corrections can be made with the Name Change form)*

Owner's Phone Number:

Mobile: _____

Home: _____

Owner's Email: _____

Address Change Information:

Check here to change for Property Tax Bills ONLY

Previous Address: *(Street, City, State, Zip Code)*

New Address: *(Street, City, State, Zip Code)*

Is this a temporary change?: YES NO If YES, please enter date to discontinue forwarding: _____

(Note: If YES, address will revert back to the previous address as of the indicated date. A new form must be completed each year for annual changes.)

Sign Here

Signature of owner

Date

Notary: (REQUIRED if returning via mail)

This instrument was acknowledged before me on _____ (date), by _____

Notary's Signature & Seal:

Office Use Only:

Documentation received (in person, mail, email): _____

ID viewed and verified by: Name/Initials: _____ Date: _____