



CHANGE OF ADDRESS REQUEST
AND
DUPLICATE UTILITY BILL REQUEST

This information is for the use of (Please check all applicable boxes):

Tax Assessor:

Utility Billing Office:

Customer ID#:				
Owner's Name(s):				
<u>NEW</u> Mailing Address:				
Street Address:				
City:		State:		ZIP:

<u>OLD</u> Mailing Address:				
Street Address:				
City:		State:		ZIP:

Location of Property Owned in Dover, NH – Please use a separate form for each location:	
Street Address:	
Map & Lot # :	

Please send a duplicate Utility Bill to:	
Name:	
Mailing Address:	
Service ID#:	
Location:	

Owner's Signature:		Date:	
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Completed forms should be sent to: City of Dover, NH, Finance Office, 288 Central Avenue, Dover, NH 03820. Please call (603) 516-6030 if you have any questions.