



Print this form, fill out and mail to:
Town of Barnstead
Assessing Office
PO Box 11,
Center Barnstead, NH 03225

Town of Barnstead
State of New Hampshire

ADDRESS CHANGE REQUEST / BILLING ADDRESS AUTHORIZATION

Date: _____

Name: _____

Mailing Address: _____

Location of Property: _____

Map: _____ Lot: _____

Is the Barnstead address your legal residence? _____

Owner(s) Signature: _____

ALL OWNER(S) MUST SIGN FOR CHANGE TO OCCUR.

Please complete and return so that we may update your mailing address.

THANK YOU,
SELECTMEN'S OFFICE