

Town of Bridport, Vermont

P O Box 27, Bridport, VT 05734

bridporttown@gmavt.net

802-758-2483

CHANGE OF ADDRESS FORM

For any address change to take effect, ALL owners of said property must agree and sign this form.

Date: _____

Reason for the change of address: _____

Owner/Owners of Record: _____

Owner/Owners of Record: _____

Owner/Owners of Record: _____

Parcel ID: _____ (can be found on the top left of your tax bill)

Address of Property: _____

New mailing address for the tax bill

Name: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Phone number: _____

Signature of Owner/Owners: _____

Signature of Owner/Owners: _____

Signature of Owner/Owners: _____

Notified town by: delivered to town hall mail email other _____

Received by: _____