



Town of Londonderry Assessing Department

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ADDRESS/NAME CHANGE FORM

PLEASE PRINT, COMPLETE, SIGN AND THEN RETURN BY MAIL OR FAX.

DATE: _____

OWNER(S) NAME(S): _____

NEW NAME(S) _____

CURRENT MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

PROPERTY LOCATION _____

MAP/LOT#: _____

OTHER INFORMATION: _____

Owner Signature

Owner Signature

OFFICE USE ONLY

Date Received _____ Received by _____

Approved by _____ Updated Property Card: _____