

MAP _____ BLK _____ LOT _____

DATE RECEIVED:



TOWN OF BOW

Assessing Department
10 Grandview Road
Bow, NH 03304

Phone: (603) 223-3975
Fax (603)
223-2982
skrause@bownh.gov

A request for a change of mailing address for the property tax bill must be received in writing from the taxpayer to the Assessing Department.

Please note: It is the policy of the Town of Bow to send the tax bill to the property owner; therefore, we cannot honor requests to send property tax bills to banks, mortgage companies. In the case of owners not receiving mail at the same address, the tax bill and all notices will go to the first name listed on the deed or probate documents, unless all owners sign the change of address form.

This form can be filled out, printed, **signed**, and mailed/mailed to the address above.

Date: _____

REQUEST FOR CHANGE OF MAILING ADDRESS

Owner Name: _____

Property Location: _____

Is this property location your primary residence? Yes No

New Mailing Address: _____

City, State, Zip: _____

Phone number: _____

Please print name(s): _____

Owner's Signature: _____

2nd Owner's Signature: _____

If you are receiving an exemption or credit, please check below all that applies

- Veteran's Credit
- Elderly Exemption
- Disabled Exemption
- Blind Exemption
- Other