

PROPERTY OWNER CHANGE OF ADDRESS OR NAME FORM

Please write legibly, and hand-deliver or mail the completed form to: Town of Hollis Assessing Office, Town Hall, 7 Monument Square, Hollis NH 03049.

If you have any questions, please call the Assessing Office at (603) 465-2209, ext. 105.

TYPE OF CHANGE REQUESTED: ☐ ADDRESS CHANGE ☐ NAME CHANGE – See below.

PROPERTY OWNER NAME: _____
As shown on current property tax record/bill

PROPERTY LOCATION: _____

PROPERTY MAP: _____ **BLOCK:** _____ **LOT:** _____
(If you do not know this number, please leave blank.)

DATE OF REQUEST: _____ **DATE EFFECTIVE:** _____

FOR ADDRESS CHANGE, PLEASE COMPLETE THIS SECTION:

FORMER MAILING ADDRESS: _____

TOWN/CITY: _____ **STATE:** _____ **ZIP:** _____

NEW MAILING ADDRESS: _____

TOWN/CITY: _____ **STATE:** _____ **ZIP:** _____

Please supply a phone number where you can be reached in the event of an Emergency.

PHONE NUMBER: _____

For business address changes, the person requesting the change must provide documentation showing that they have the authority to make such changes, and this must be on company letterhead.

For persons with Power of Attorney or other legal authority over a property, an original of such document must be presented. Any originals will be returned after changes have been completed. A copy will be kept on file for reference.

FOR NAME CHANGE, PLEASE COMPLETE THIS SECTION:

FORMER NAME: _____

CURRENT NAME: _____

Please provide an original document showing your new name and the original seal/stamp of the official issuing the document. Examples include marriage certificate/license, divorce decrees or other official Court documents. Name changes will not be processed without the original document. Any originals will be returned after changes have been completed. A copy will be kept on file for reference.

FOR BUSINESS NAME OR TRUSTEE NAME CHANGE, PLEASE COMPLETE THIS SECTION:

FORMER BUSINESS OR TRUSTEE NAME: _____

NEW BUSINESS OR TRUSTEE NAME: _____

FOR BUSINESSES: Please provide the official document from the NH Secretary of State's Office or appropriate State Agency showing the new business name and the original signature and seal/stamp of that office.

FOR CHANGES TO TRUSTEES OF ANY TRUST: Please provide the Trustee appointment notice/letter, recorded copy preferred, stating which Trustee is being replaced and the name and mailing address of the new Trustee.

See reverse for signature(s)

I hereby authorize the Town of Hollis to make the changes as indicated above. I certify that I am the owner/agent of the property and have the legal authority to request such changes be made. I am aware that this information may be shared with other Town departments, as necessary, to update their emergency contacts and owner information. I am aware that these changes affect the Town of Hollis records only, and that any communication from the Town of Hollis, to include but not limited to, property tax bills, notices, and other correspondence, will be sent to the address indicated, or under the name requested, until such time that I direct, in writing, the Town to make revised changes.

Property Owner Signature

Date

Property Owner Signature

Date