



## TOWN OF BELLINGHAM

*Assessment Administration Office*  
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### Real Property Mailing Address Change Request

Property Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_

New Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Owner of Record: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Address change request form must be completed and signed by the known owner of record or authorized agent.**

For internal use only: Update CAMA: \_\_\_\_\_ Update AUC: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_