

CHANGE OF ADDRESS FORM FOR ASSESSING DEPARTMENT

Please complete and return to the
Town of Standish
Assessor's Office
175 Northeast Road
Standish, ME 04084

Date: _____

Acct. No. or Map & Lot _____

Requested by: ___ Phone ___ Mail ___ Counter

Person Making Request: _____

Phone Number: _____

Property Location: _____

(If Commercial Property, Verify Address Change for Personal Property)

PP Account Name: _____

PP Account No: _____

PP Property Location: _____

Requested Change

Old Mailing Address: _____

New Mailing Address: _____

Is the new Billing Address your permanent residence? ___ Yes ___ No

Were you receiving any Exemptions at the Property Location? ___ Yes ___ No

Signature: _____

Taken By: _____