

CHANGE OF ADDRESS FORM



Town of Barrington

Office of the Tax Assessor

283 County Road

Barrington, RI 02806

(401) 247-1900 x3

Monday - Friday / 8:30am to 4:30pm

Date: _____

Type of move;

Individual

Family

Business

Select "Family" if everyone in your household has the same last name **and** everyone is moving to the same new address. If you receive mail by more than one name (maiden name, married name, or nickname), select "individual" and fill out a separate form for each name.

I certify under penalty of perjury that the foregoing is true and correct.

First Name (or Business Name) _____

Middle Initial _____

Last Name _____

Old Address: Street: _____

Town: _____

Barrington

State: _____

Rhode Island

Zip: _____

02806

New Address: Street: _____

Town: _____

State: _____

Zip: _____

Email address: _____

Phone Numbers:

Home: () _____

Work: () _____

Cell: () _____

Identity Verification: (attach copy of drivers license to this application)

Name on Drivers License: _____

Address on Drivers License: _____

Expiration Date on License: _____

Drivers License Number: _____

Other possible items which may be presented to provide identity include; Passport, Student ID Card (photo required), State of R.I. ID card (photo required), or other photo-ID's that are current.

You must also contact the Division of Motor Vehicles within 30-days to change the address on both your driver's license and your vehicle registrations.

Signature _____

Date Signed _____

