



Print this form, fill out and mail to:  
Town of Barnstead  
PO Box 11, Center Barnstead, NH 03225

Town of Barnstead  
State of New Hampshire  
ADDRESS CHANGE REQUEST / BILLING ADDRESS AUTHORIZATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Location of Property: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Is the Barnstead address your legal residence? \_\_\_\_\_

Owner(s) Signature:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL OWNER(S) MUST SIGN FOR CHANGE TO OCCUR.

Please complete and return so that we may update your tax bill mailing address.

THANK YOU,  
OFFICE OF THE TOWN CLERK