



TOWN OF SALEM, NH
33 GEREMONTY DR, SALEM NH 03079
603/890-2000
WWW.SALEMNH.GOV

Notice of Address Change

Please type or print legibly

Property Address: _____

Please change my billing address for:

☐

Property Tax Bills

☐

Utility (water/sewer) Bills

I/We, _____ hereby request that the Town of Salem, NH
record the following mailing address change:

Previous Mailing Address:

New Mailing Address:

Owner's Signature

Date

Phone Number

Print Name

For utility customers only (water and sewer)

New Billing Name (if applicable): _____

Reason for change with no final: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Email: _____

Emergency Contact #: _____ Relationship: _____

Do not write below line, for municipality use only

Tax Map Number(s): _____, _____, _____

Change/Verified By: Tax Collector _____ Town Clerk _____ Assessing _____

Utility Billing _____ Acct/Rte # _____