

MAILING ADDRESS CHANGE FORM

Date: _____

Owner Name: _____

Phone: _____ email: _____

Property Location: _____

Old Mailing Address: _____

New Mailing Address: _____

PLEASE RETURN TO THE TOWN OF YORK ASSESSING OFFICE

EMAIL: ASSESSOR@YORKMAINE.ORG

186 YORK ST, YORK, ME 03909