

**Little Compton Assessor's Office
PO Box 226
Little Compton R.I 02837
(401) 635-4509
e-mail dcosgrove@tlcri.com or
emarion@tlcri.com**

CHANGE OF ADDRESS REQUEST

Name of Owner(s) _____

Account Number(s) _____

Plat(s) _____ & Lot(s) _____

Automobile(s) _____

CURRENT ADDRESS:

E-Mail: _____

Home Phone _____

Cell Phone _____

NEW ADDRESS:

SIGNATURE: _____ **DATE:** _____

(Must be signed by owner of record or legal representative)

FOR OFFICE USE ONLY

CHANGE MADE BY _____ **DATE** _____

Vision _____

Tax Admin _____