

**Little Compton Board of Assessors  
PO Box 226  
Little Compton R.I 02837**

**CHANGE OF ADDRESS REQUEST**

Name of Owner(s) \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Plat(s) \_\_\_\_\_ & Lot(s) \_\_\_\_\_

Automobile(s) \_\_\_\_\_

**PLEASE SEND ALL CORRESPONDENCE TO THE ADDRESS BELOW**

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Must be signed by owner of record or legal representative)

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\*\*\*\*\*

**FOR OFFICE USE ONLY**

**CHANGE MADE BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Vision** \_\_\_\_\_

**Tax Admin** \_\_\_\_\_