



City of Auburn Maine
"Maine's City of Opportunity"
Office of the Assessor

Address Change Form

Date: _____

Map & Lot: _____

Requested By: Mail Counter

Person Making Request: _____

Contact Phone No: _____ Ext: _____

Property Owner: _____

Property Location: _____

(IF COMMERCIAL PROPERTY, VERIFY ADDRESS CHANGE FOR PERSONAL PROPERTY)

PP Account Name: _____

PP Acct #: _____

PP Property Location: _____

Requested Change

Old Mailing Address: _____

New Billing Address: _____

Is the new Billing Address your permanent residence? Yes No

Were you receiving the Homestead Exemption at the Property Location? Yes No

Date: _____ Print Name: _____

Signature: _____

Taken By: _____

