



Town of Thornton • Assessing Department

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ADDRESS CHANGE FORM

For Assessing Records and Tax Bills ONLY

PLEASE PRINT

DATE: _____

LOCATION OF PROPERTY: _____

PROPERTY ID #: _____

OWNER NAME(S): _____

CHANGE MAILING ADDRESS **FROM**:

CHANGE MAILING ADDRESS **TO**:

SIGNATURE: _____

Please return this form to the Assessing Department by hand delivery, mail, fax or email.