



TOWN OF LITTLE COMPTON
OFFICE OF THE TAX ASSESSOR
P.O. BOX 226
LITTLE COMPTON, RI 02837-0226

CHANGE OF ADDRESS REQUEST

Name of Owner(s) _____

Account Number(s) _____

Plat(s) _____ & Lot(s) _____

Automobile(s) _____

CURRENT ADDRESS: _____ E-Mail: _____

_____ Home Phone _____
e-mail address _____ Cell Phone _____

NEW ADDRESS:

SIGNATURE: _____ DATE: _____
(Must be signed by owner of record or legal representative)

e-mail acouto@littlecomptonri.org
or dcosgrove@littlecomptonri.org

FOR OFFICE USE ONLY

CHANGE MADE BY _____ DATE _____