

**Town of Lyme
Assessing Department
PO Box 126
Lyme NH 03768**

**Voice (603) 795-4639
Fax (603) 795-4637**

Request for Mailing Address Change Form

This request allows the Assessing Department to make mailing address changes related to correspondence from the Assessing Office, Planning and Zoning Office, Town Clerk and Tax Collector's.

Date of request: _____ Phone #(optional) _____

Property Owner(s): (please print) _____

Property Location: _____

Parcel ID (map/block/lot): _____

E-mail address: (optional) _____

Previous Mailing Address: _____

New Mailing Address: _____

Requester is: Owner _____ Authorized Representative _____ Company Official _____

Owner/Requester's signature: _____

*****For Office Use Only*****

Date stamp with receipt date

Date processed (Tax Collector): _____

Date processed (Visions): _____