

**TOWN OF NARRAGANSETT**

APPLICATION FOR CHANGE OF  
OWNERSHIP, NAME OR ADDRESS

**\*PLEASE PRINT AND PRESS FIRMLY \***

**PLEASE NOTE: Voting Address Must be Changed in Person at the Town Clerk's Office.  
ID With New Address Must Be Presented.**

**TYPE OF CHANGE (Check One):**

\_\_\_\_\_ **OWNERSHIP**                      PLAT \_\_\_\_\_                      LOT: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

PREVIOUS OWNER: \_\_\_\_\_

NEW OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **NAME CHANGE (Legal Proof Must Accompany Form)**

OLD NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

\_\_\_\_\_ **ADDRESS CHANGE**                      NAME \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_                      DATE \_\_\_\_\_

**\*\*\* RETURN COMPLETED FORM TO THE TAX ASSESSOR'S OFFICE: 25 FIFTH AVENUE, NARRAGANSETT, RHODE ISLAND 02882**

**OFFICE USE ONLY**

RECEIVED BY \_\_\_\_\_                      DATE \_\_\_\_\_

PLEASE FILL IN ACCOUNT NUMBERS WHERE APPLICABLE

REAL ESTATE	ACCOUNT# _____
UTILITY (WATER/SEWER) USAGE	ACCOUNT# _____
SEWER ASSESSMENT	ACCOUNT# _____
SEWER LOT DEVELOPMENT	ACCOUNT# _____