TOWN OF HUDSON, NEW HAMPSHIRE REQUEST FOR CHANGE OF MAILING ADDRESS

The Assessing Department is responsible for recording changes of owners mailing addresses, both permanent and temporary. Please fill in this form and return it to the Assessing Department – (fax) 603-598-6481; or, Town of Hudson, Assessing Department, 12 School Street, Hudson, NH 03051

To request a change of mailing addres Property Location(s)	ss simply fill i	n the appro	ppriate information below;	
	Мар	Lot	Sublot	
	Мар	Lot	Sublot	
Permanent change OR Tempo	orary/Season	al change ₋		
Previous Mailing Address				
New Mailing Address				
Sign:		Date		
Print Name:		Phone	e#	

MUST BE SIGNED BY AN OWNER OF THE PROPERTY OR A LEGAL GUARDIAN

NOTE 1 : The Assessing Department's property assessment database provides mailing address information for all Town departments with the **exception** of Water Utility.

Note 2: If the address change is temporary/seasonal the owner **is required** to notify the Assessing Department when they wish to change the address back.