



**Town of Eaton**  
**Evans Memorial Building**  
**PO Box 88**  
**Eaton, New Hampshire 03832-0088**  
**603-447-2840**

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**Address Change Request**

Name: \_\_\_\_\_

Map/Lot #: \_\_\_\_\_

Location: \_\_\_\_\_

**New Address:**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize the Town of Eaton's Assessing Department to change the mailing address for the above parcel(s) for tax billing and notification purposes.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_