



CHANGE OF MAILING ADDRESS TANGIBLE

COMPLETION OF THIS FORM WILL CHANGE THE MAILING ADDRESS ON FILE WITH THE CITY OF CRANSTON. FUTURE TAX BILLS WILL BE MAILED TO THE NEW LOCATION. CHANGING THE MAILING INFORMATION CANNOT CHANGE THE OWNERSHIP. REQUEST DOES NOT ISSUE BILL COPY. TO BE COMPLETED BY PROPERTY/BUSINESS OWNER OR AGENT ONLY.

PLEASE FILL OUT COMPLETELY & PRINT CLEARLY.

RETURN FORM TO: 869 PARK AVE, CRANSTON, RI 02910 / DDEANDRADE@CRANSTONRI.GOV / F 401.780.3361

PROPERTY LOCATION: _____

ACCOUNT NUMBER: _____

BUSINESS/DBA NAME: _____

BUSINESS OWNER: _____

NEW MAILING ADDRESS: _____

PRINTED NAME: _____

SIGNATURE: _____

TODAY'S DATE: ____/____/____

RELATIONSHIP TO BUSINESS (OWNER/AGENT/ETC): _____

CONTACT NAME: _____

CONTACT PHONE: _____

LICENSE STATE: _____ LICENSE NUMBER: _____