

CITY OF ST. ALBANS  
NAME/ADDRESS CHANGE FORM

Resident: City \_\_\_\_\_ Town \_\_\_\_\_

Circle One: Change Name / Address

**Return Fax: (802) 524-1505**  
**Return Address: 100 N. Main Street**  
**St. Albans, VT 05478**

**All name or new owner changes must be accompanied with proper documentation (i.e. Property Transfer Tax Return or Court Order).**

**Please complete the following section(s) that are applicable to you.**

**\*\*If you are a Town resident, the property tax section does not apply\*\***

**PROPERTY TAX INFORMATION**

Date: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_

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

Property Owner(s) (As shown on Deed or legal document): \_\_\_\_\_

Property Owner(s) Mailing Address: \_\_\_\_\_

**WATER/SEWER INFORMATION**

Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Name(s): \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

\_\_\_\_\_ Grand List Updated \_\_\_\_\_ hard copy \_\_\_\_\_ computer

\_\_\_\_\_ Utility Account Updated \_\_\_\_\_ hard copy \_\_\_\_\_ computer

Other Action: \_\_\_\_\_