

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 will 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: _____

Email Address: _____

Would you like to be enrolled in the City's Code Red Emergency Communication System? _____

FOR INTERNAL USE ONLY

_____ Grand List Updated _____ hard copy _____ computer

_____ Utility Account Updated _____ hard copy _____ computer