

CITY OF ST. ALBANS
NAME/ADDRESS CHANGE FORM

Resident: City _____ Town _____

Circle One: Change Name / Address

(802) 524-1505

Return Fax:

100 N. Main Street St.

Return Address:

Albans, VT 05478

k.smith@stalbansvt.com

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
(City Residents Only)

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: _____

FOR INTERNAL USE ONLY

_____ Grand List Updated _____ hard copy _____ computer

_____ Utility Account Updated _____ hard copy _____ computer

Other Action: _____