



TOWN OF SOUTH KINGSTOWN
DEPARTMENT OF ASSESSMENT
180 HIGH STREET
WAKEFIELD, RHODE ISLAND 02879

CHANGE OF ADDRESS FORM

Please note: We will only make a change of address with the completion of this form. We will not make any changes verbally or otherwise. Please complete this form in its entirety.

(Please use additional form for multiple properties)

DATE: _____

OWNER NAME(S): _____

PROPERTY LOCATION: _____
(REQUIRED)

PLAT _____ / LOT _____

OLD MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

EMAIL: _____ PHONE: _____

REAL PROPERTY ACCOUNT R# _____ - _____ - _____

TANGIBLE ACCOUNT T# _____ - _____ - _____

I certify under penalty of perjury that the foregoing is true and correct

OWNER SIGNATURE(S) ONLY: _____

**We recommend that you contact the Division of Motor Vehicles within 30-days to change the address on both your driver's license and your vehicle registrations: https://www.ri.gov/DMV/address_change*

FORM CAN BE EMAILED TO: TOWNASSESSOR@SOUTHKINGSTOWNRI.GOV
OR MAIL TO ADDRESS ABOVE