

# CHANGE OF ADDRESS REQUEST

*Complete and return to:*

**City of Rutland Treasurer's Office**

PO Box 969

Rutland, VT 05702-0969

802-773-1800 Ext 9

Fax: 802-773-1809

Email: [taxsearch@rutlandcity.org](mailto:taxsearch@rutlandcity.org)

*Note: Address changes may only be authorized by a legal owner of the property and  
All bills must be sent to the owner of the property.*

Owner's name: \_\_\_\_\_

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

New Mailing Address (Street or Box): \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

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

Real Estate Account #: \_\_\_\_\_

Personal Property#: \_\_\_\_\_

Water & Sewer Account #: \_\_\_\_\_

*By my signature below I am requesting the City of Rutland to change the mailing address for my account(s). I am the legal owner of the property and authorized to request this change. I understand the address change will take effect with the next billing cycle associated with the tax or utility bill.*

OWNER SIGNATURE: \_\_\_\_\_

Printed name (if different than above): \_\_\_\_\_

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

Treas: \_\_\_\_\_

DPW: \_\_\_\_\_

Assessor's: \_\_\_\_\_