



TOWN OF SOUTH KINGSTOWN
TAX ASSESSOR'S OFFICE
180 HIGH STREET WAKEFIELD, RI 02879
(401) 789-9331 Ext.1220

CHANGE OF ADDRESS FORM

DATE: _____

NAME(S): _____

PROPERTY LOCATION: _____
PLAT _____ / LOT _____

OLD MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

EMAIL: _____ PHONE: _____

REAL PROPERTY ACCOUNT # _____ - _____ - _____

MOTOR VEHICLE ACCOUNT # _____ - _____ - _____

TANGIBLE ACCOUNT # _____ - _____ - _____

SIGNATURE(S): _____

*EACH OWNER ON ACCOUNT MUST SIGN ABOVE.**

**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*

EMAIL TO: wduarte@southkingstownri.com or FAX TO: (401) 788-9792
OR MAIL TO THE ADDRESS LISTED ABOVE