



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

**CHANGE OF ADDRESS FORM**

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

DATE: \_\_\_\_\_

NAME(S): \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY LOCATION: (Please use additional form for multiple properties)**

**(REQUIRED)** \_\_\_\_\_  
PLAT \_\_\_\_\_ / LOT \_\_\_\_\_

OLD MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

REAL PROPERTY ACCOUNT # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MOTOR VEHICLE ACCOUNT # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TANGIBLE ACCOUNT # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SIGNATURE(S): \_\_\_\_\_

*\*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](https://www.ri.gov/DMV/address_change)*

**EMAIL TO: [icaruso@southkingstownri.gov](mailto:icaruso@southkingstownri.gov) or FAX TO: (401) 788-9792  
OR MAIL TO THE ADDRESS LISTED ABOVE**