

# CHANGE OF ADDRESS FORM

**Please mail or hand deliver this form to the Tax Assessor's Office**

Address: Town of Cape Elizabeth  
320 Ocean House Road, Cape Elizabeth, ME 04107

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

**CONTACT PHONE #:** \_\_\_\_\_

**LOCATION OF PROPERTY:** \_\_\_\_\_

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

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

**NEW OWNER'S NAME (If Applicable):** \_\_\_\_\_

**NEW OWNER'S MAILING ADDRESS (If Applicable):** \_\_\_\_\_

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

***Please note that your new mailing address will be used for all correspondence - including public notices - initiated by the Town of Cape Elizabeth.***