Town of Barnard
PO Box 274
Barnard VT 05031-0274
BarnardTO@gmail.com

CHANGE OF ADDRESS FORM

Note: Each and every person sharing title to the property MUST be listed and sign this form.

Parcel ID #(s) _____

Property Location: _____

Property owner name(s) _____

_____

New **mailing** address (ONLY ONE! -- tax bill will be sent to ONLY one address)

_____

_____

_____

Contact: Telephone _____ Email: _____

Signature(s) of all owners:

_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date

Received by Town of Barnard: Date: _____ by _____

Original to Listers _____ GL ___ Parcel file ___ Tax Bill ___ N ___ Cklist ___

Date revised: 09/16/20