



City of East Providence Assessment Division

Roberto L. DaSilva
Mayor

Sarah Frew
Assessor

CHANGE OF ADDRESS FORM

In order for any address change to take effect, please complete and sign this form.

Date: _____

Owner (s): _____

Location of Property: _____

New Mailing Address (Address You Want the Bill Mailed To)

Print Your Name Here: _____

Street: _____

City: _____ State: _____ Zip: _____

Signature of Owner: _____

Phone Number: _____

Please Mail to: East Providence City Hall 145 Taunton Ave., East Providence RI 02914

OR Email us this form to: assessor@eastprovidenceri.gov