

Town of Paris

Assessor's Department Cindy Namer Tax Assessor

Phone: (207) 743-2501 Fax: (207) 743-6718

Request for Change of Information

Please send this completed form to assessor@parismaine.org or mail to: Town of Paris, 33 Market Square, South Paris, ME 04281

Account # _	(Example: 000123 RE)	Map/Lot		.1 <u>or</u> Map U-01 / Lot 01.1)	
	(Example: 000123 RE)	(Example: U-01-01	.1 <u>or</u> Map U-01 / Lot 01.1)	
wner(s) Name(s):					
wner(s) Mailing Addres	ss:				
	(This is the address who	ere tax bills and other Town co	orrespondence reg	garding the property will be	sent)
none #:	E	E-Mail:			
	Type of change	e requested. Please chec	k all that apply	:	
☐ Name Change [☐ Address Change ☐ De	ed Update or Correction	n 🗆 New Owi	nership	or Estate
		ea opaate or correction			0. 20.000
comments:					
	Is this now your permanent residence? Were you receiving the Homestead Exe		☐Yes	☐ No	
			☐ Yes	☐ No	
	Are you requesting an exe	emption application?	☐Yes	☐ No	
	If YES, p	lease select which one(s	s) below:		
☐ Homestead	☐ Veteran	☐ Widow	☐ Other	·	
Signature:	Date:				