



Town of Fairview

Change of Mailing Address

Name on Account: _____

Name changed to: _____

Existing mailing address on file: _____

“NEW” mailing address: _____

Phone Number/s: _____

Tax account/s: Yes_____ No_____ Joint_____

If joint, is that mailing address to be changed as well? Yes_____ No_____

Utility account/s: Yes_____ No_____ Joint_____

If joint, is that mailing address to be changed as well? Yes_____ No_____

Effective Date: _____

Signature: _____