



MOTOR VEHICLE CHANGE OF ADDRESS

PROVIDENCE CITY HALL
CITY ASSESSORS
PROVIDENCE RI 02903

PLEASE PROVIDE A COPY OF LICENSE OR ID

WALK-IN: _____

PHONE: _____

ACCOUNT#: _____ or DOB _____

LICENSE OR ID # _____

NAME: _____

NEWADDRESS: _____

TELEPHONE _____

TAKEN BY: _____

DATE: _____