



Change of Address Form

Office of the Assessor

Date: _____

RE Account #: _____

MV Account #: _____

Sewer Account #: _____

Tangible Account #: _____

Owner(s) Name: _____

New Mailing Address: _____

Signature: _____



DIVISION OF MOTOR VEHICLES

CHANGE OF ADDRESS NOTICE

401 - 462 - 4368 (4DMV)

NOTICE: The LAW requires YOU notify the DIVISION OF MOTOR VEHICLES
within TEN (10) DAYS of any change of address.

LICENSE/ID NUMBER	REGISTRATION		DISABILITY PLACARD NUMBER	DATE OF BIRTH		
	REG TYPE	PLATE NUMBER		MONTH	DAY	YEAR
		FIRST NAME	MIDDLE NAME	LAST NAME		
FULL NAME (please print) ➤						
PLEASE PRINT CORP. NAME AS IT APPEARS ON REGISTRATION						
IF REGISTRATION IN NAME OF COMPANY OR CORPORATION						
OLD RHODE ISLAND RESIDENCE ADDRESS ➤	STREET AND NUMBER		CITY/TOWN		ZIP CODE	
NEW RHODE ISLAND RESIDENCE ADDRESS (where vehicle is kept or stored) ➤	STREET AND NUMBER CANNOT BE P.O. BOX!		CITY/TOWN		ZIP CODE	
NEW MAILING ADDRESS (if different than residence) ➤	STREET AND NUMBER		CITY/TOWN		ZIP CODE	
TELEPHONE NUMBER (required) ➤	PLEASE LEAVE A NUMBER WHERE WE CAN CONTACT YOU IF APPLICATION IS ILLEGIBLE OR INCOMPLETE					
E-MAIL ADDRESS ➤						

ADDITIONAL REGISTRATIONS	
REG TYPE	PLATE NUMBER
REG TYPE	PLATE NUMBER

DATE MAILED

MONTH	DAY	YEAR

I, the undersigned, declare under penalty of perjury that all statements made on this application for address change are true and complete to the best of my knowledge and belief.

PERSONAL INFORMATION CONTAINED IN YOUR MOTOR VEHICLE RECORD WILL BE DISCLOSED ONLY IF THE STATE HAS OBTAINED THE EXPRESS CONSENT OF THE PERSON TO WHOM SUCH PERSONAL INFORMATION PERTAINS.

DO YOU CONSENT TO SUCH DISCLOSURE? YES NO

SIGNATURE IN FULL (DO NOT PRINT)

MAIL TO: STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF MOTOR VEHICLES
600 New London Avenue
Cranston, RI 02920-3024

Attention: ADDRESS CHANGE