Customer #_____ Date Received _____

PEASE DEVELOPMENT AUTHORITY
DIVISION OF PORTS AND HARBORS
PO BOX 369, PORTSMOUTH NH 03802-0369
(603) 436-8500 FAX: (603) 436-2780

CHANGE OF ADDRESS

(PLEASE PRINT)

_____
Full Legal Name

Send Mail to (check one): ☐ **Mailing Address** ☐ **Permanent Address** ☐ **Summer Address**

Mailing Address

_____
Street # and Name

_____
Post Office Box Number / Apartment Number

_____ _____ _____
City/Town State Zip Code

Permanent Address (if different)

_____
Street # and Name

_____
Post Office Box Number / Apartment Number

_____ _____ _____
City/Town State Zip Code

Summer Address (if different)

_____
Street # and Name

_____
Post Office Box Number / Apartment Number

_____ _____ _____
City/Town State Zip Code

* **Summer Address Dates**: From _____ To _____
dd / mm dd / mm

Telephone Numbers

Permanent: (_____) _____-_____ **Cell:** (_____) _____-_____

Emergency: (_____) _____-_____ **Summer:** (_____) _____-_____

E-mail: _____@_____