

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:** \_\_\_\_\_ @ \_\_\_\_\_