



CHANGE OF ADDRESS FORM

Account Number: _____

____ Individual

____ Family

____ Business

Select "family" if everyone in your household has the same last name and everyone is moving to the same new address. If you receive mail by more than one name (maiden name, married name, et), select "individual" and fill out a separate form for each name.

I certify under penalty of perjury that the foregoing is true and correct.

(First or Business Name, Middle Initial, Last Name)

Email: _____

Phone (Home): _____

(Cell): _____

Old Address: _____
(Street)

(Town, State, Zip Code)

New Address: _____
(Street)

(Town, State, Zip Code):

****Attach copy of either driver license, passport, student ID, State of RI ID card, or other current photo ID**.**

It is your responsibility to contact Division of Motor vehicles within 30 days to change the address on both your driver's license and vehicle registration (if applicable).

Signature: _____

Date submitted: _____