Village of Bald Head Island

Change of Address Request

c/o Finance Director
PO Box 3009
Bald Head Island, NC 28461

Name_____

Address_____
Box/Street City State Zip Code

NEW Address _____

_____

_____

□ Mailing □ Physical □ Both

Please record the change/s shown above for the designated address.

_____
Date Signature

Completed forms may be submitted via fax at (910)457-6206 or mailed to the address listed above. Forms may be submitted via email at sboyd@villagebhi.org but should be followed by a sign copy via mail/fax.

OFFICE USE ONLY				
Vendor	*Employee*	*Property Owner*	*Entry Date*	*Initials*