



TOWN OF HOPKINTON

TRANSFER OF OWNERSHIP FORM

To whom it may concern,

At the time of real estate closing (sales only), please complete and return this form with new and correct mailing address of both the Seller and Buyer.

ACCOUNT #
PARCEL ID:
PLAT: LOT:
LOCATION:
SELLER'S FORWARDING ADDRESS:
Name:
Street:
Town, State, Zip Code
BUYER'S MAILING ADDRESS:
Name:
Street:
Town, State, Zip Code:

Rita H. Deane
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Fax - (401) 377-7788
Email - rdeane@hopkintonri.org