



City of Manchester, NH – Tax Collector's Office
1 City Hall Plaza, West Wing, Manchester, NH 03101

Telephone: (603) 624-6575

Office hours: Mon-Fri 8:00 am to 5:00 pm, Tuesdays 8:00 am to 8:00 pm

Email: TaxCollector@ManchesterNH.Gov

Web site: www.ManchesterNH.Gov/MV

Please complete and return BOTH pages of this form.

VEHICLE REGISTRATION - CHANGE OF ADDRESS

This document will assist you to properly update your address information so that you may renew your vehicle registrations in a legal manner. New Hampshire State law requires that your vehicle registration shows your current legal (residence) and mailing addresses.

NOTE: All of the following assumes that your legal (residence) or mailing address has changed since the last time you registered your vehicle.

Please choose the option that applies to you, and follow the instructions there:

- I received a vehicle renewal notice from the City of Manchester, but my address needs changed, and I wish to renew by mail

Please complete form DSMV-30 (page 2 of this document). Print, sign, and return it along with your renewal notice and payment to the address shown on your renewal notice.

- I received a vehicle renewal notice from the City of Manchester, but my address needs changed, and I wish to renew online

Please complete the gray form below and also page 2 (form DSMV-30). Print, sign page 2, and mail both pages to the Tax Collector's Office. We will contact you when your address change has been processed, usually within 2 business days, and you may then proceed with the online renewal. *If your registration will expire within 2 weeks, it may be best to renew in person instead.*

- I did not receive a vehicle renewal notice from the City of Manchester, but I wish to renew online or by mail

Please complete the gray form below and also page 2 (form DSMV-30). Print, sign page 2, and mail both pages to the Tax Collector's Office. We will contact you when your information has been processed, usually within 2 business days, and provide you with the necessary information to renew online or by mail. *If your registration will expire within 2 weeks, it may be best to renew in person.*

- None of the above applies, or I am not sure.

Please contact us directly for further assistance.

Your name:
Your date of birth:
Current residence address:.....
Previous residence address:
Daytime Phone Number:
Alternate Phone Number:.....
Email address:.....

Please complete and return BOTH pages of this form.



RECORD CHANGE REQUEST

Note: This request will change data on all DMV records (Registrations, Driver License, Title, etc.)
 Please complete form accordingly for permanent changes only.

1. Person's Information: (Please Print)

NAME: _____
 FIRST MIDDLE LAST DATE OF BIRTH

DRIVER LICENSE OR NON DRIVER ID BEST CONTACT PHONE EMAIL ADDRESS
 NUMBER (RECOMMENDED)

2. Address Change: If you would like a replacement license/ID with the updated information go to any DMV Office and you may purchase a replacement at a cost of \$3.00.

MAILING ADDRESS: _____
 STREET CITY/TOWN STATE ZIP CODE

Check this box if the legal address is the same as the mailing, if different please complete legal address below.

LEGAL ADDRESS: _____
 STREET CITY/TOWN STATE ZIP CODE

NOTE: If an updated license is requested, applicant must appear in person and surrender current license to any DMV office, at a cost of \$3.00.
 Office Use only: Cash Check Credit

3. Name Change: Must appear in person at any DMV Office with supporting documentation. Marriage Certificate, Divorce decree, Adoption decree, Court decree, Name Change Petition from Probate Court, Passport.

NEW NAME: _____
 FIRST MIDDLE LAST SUFFIX (Jr, Sr, I, II, etc)

4. Other Personal Identification Information: To change Date of Birth you must appear in person at any DMV Office with supporting documentation. Original or certified copy of Birth Certificate, valid Passport or valid Military ID.

Height	Weight	Eye Color	Hair Color	Gender	Date of Birth (mm/dd/year)

5. Donor Information:

Check Here To Consent to Organ Donation pursuant to RSA 263:41.
 Donation information will be provided to federally designated organizations so that your decision to donate may be honored.

Check here to remove your consent to Organ and Tissue donation.

I, the undersigned applicant, certify under penalty of unsworn falsification pursuant to RSA 641:3, all information provided is correct and true.

Signature: _____ Date: _____