

REAL ESTATE BILLING CHANGE OF MAILING ADDRESS REQUEST

IN ORDER FOR THE ASSESSORS OFFICE TO ENSURE REAL ESTATE TAX BILLING REACHES THE PROPER LOCATION, OWNER OF RECORD OR AUTHORIZED AGENT, PLEASE COMPLETE AND SIGN FORM.

1. LOCATION OF THE PROPERTY:

Street No. Street Address Unit # Zip Code

2. NAME(S) AND ADDRESS (AS SHOWN ON CURRENT REAL ESTATE BILL): ACCT ID: _____			
Last, First Name			
Address			
City, Town	State	Zip Code	

3. (NEW) NAME(S) AND MAILING ADDRESS (FOR FUTURE REAL ESTATE BILL):			
Name		EMAIL Address	
Address			
City, Town	State	Zip Code	

4. ARE YOU THE *CURRENT* OWNER (S) OF THE PROPERTY? YES NO

5. ARE YOU THE *NEW* OWNER (S) OF THE PROPERTY? YES NO

DATE OF PURCHASE _____ PREVIOUS OWNER _____

6. IF NOT THE OWNER, PLEASE STATE YOUR INTEREST IN THE PROPERTY: _____

DATE: _____

TEL: _____ CELL: _____

Signature of Owner/Authorized Representative

Please Print Name

MAIL COMPLETED FORM TO:

ASSESSORS OFFICE: 100 MAPLE AVE SHREWSBURY, MA 01545

INCOMPLETE FORMS WILL NOT BE PROCESSED.
IT IS THE RESPONSIBILITY OF THE TAXPAYER TO CONTACT THE TREASURERS OFFICE IF TAX BILL IS NOT RECEIVED.

The assessors office is available to answer any questions during office hours 8:00 AM to 4:30 PM Monday - Friday Office:(508) 841-8501 Fax: 508-842-0587

ASSESSORS USE: DATE CHANGED _____ BY _____

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