

# Real Estate Tax Change of Address Request

- 1) Owners Name: \_\_\_\_\_
- 2) Location of Property: \_\_\_\_\_
- 3) Parcel ID: ( Map/Parcel) \_\_\_\_\_
- 4) New Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 5) Home Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_
- 6) Are you the new owner of this property: Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Signature of person making request : \_\_\_\_\_
- 8) If not owner, state relationship to owner: \_\_\_\_\_
- 9) Owners Signature: \_\_\_\_\_

The signature of the owner is required on this form before any change of mailing address can be authorized.

Please print and mail to: Assessor's Office, Memorial Town Hall, 157 Main St, Spencer, MA 01562

Date: \_\_\_\_\_