

REAL ESTATE AND PERSONAL PROPERTY CHANGE OF MAILING ADDRESS REQUEST

IN ORDER FOR THE ASSESSORS OFFICE TO ENSURE REAL ESTATE & PERSONAL PROPERTY BILLS REACH YOU, AS THE RECORD OWNER OR YOUR AUTHORIZED AGENT, PLEASE COMPLETE AND SIGN THIS FORM.

1. LOCATION OF THE PROPERTY:

ADDRESS UNIT # ZIP CODE

2. THE NAME AND ADDRESS YOU WANT THE REAL ESTATE BILL SENT:

NAME
ADDRESS
CITY,TOWN STATE ZIP CODE

3. THE NAME AND ADDRESS YOU WANT THE PERSONAL PROPERTY BILL SENT:

NAME
ADDRESS
CITY,TOWN STATE ZIP CODE

4. ARE YOU THE CURRENT OWNER 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: _____

Signature of Owner/Authorized Representative

TEL: () _____

CELL: () _____

Please Print Name

MAIL COMPLETED FORM TO: ASSESSORS OFFICE, 62 ARLINGTON ST., DRACUT, MA 01826
OR FAX TO 978-452-7924

INCOMPLETE FORMS WILL NOT BE PROCESSED

IT IS THE RESPONSIBILITY OF THE TAXPAYER TO CONTACT THE TAX COLLECTORS OFFICE IF TAX BILL IS NOT RECEIVED