



TOWN OF WEST NEWBURY

ASSESSORS OFFICE

381 Main Street, West Newbury, Mass. 01985
TEL: 978-363-1100 x 117 FAX: 978-363-1826

CHANGE OF MAILING ADDRESS FORM

Please complete the information below and submit to the Assessor's Office

REAL ESTATE or PERSONAL PROPERTY

MAP & LOT # _____

PROPERTY LOCATION _____

OWNER NAME: _____

NEW MAILING ADDRESS: _____

(street)

_____, _____

(city/town)

(state)

(zip code)

TELEPHONE # _____

FOR REAL ESTATE ONLY

ARE YOU THE *CURRENT OWNER*

REQUESTING A MAILING ADDRESS CHANGE: _____ YES _____ NO

ARE YOU THE *NEW OWNER*: _____ YES _____ NO

IF YES, DATE OF PURCHASE: ____ / ____ / ____

NOTE: IF PURCHASE DATE WAS AFTER JANUARY 1 OF THE PREVIOUS YEAR, TAX BILLS MUST BE MAILED TO THAT OWNER, IN CARE OF THE NEW OWNER.

DATE: ____ / ____ / ____ _____

Signature of Owner/Authorized Representative

Assessor's Office Use Only

Date corrections made: _____ Fiscal Year _____
Patriot system _____ Vadar system _____ Initials: _____