TOWN OF PAXTON MASSACHUSETTS

BOARD OF ASSESSORS

697 Pleasant Street Paxton, MA 01612 508-799-7231 x16 kclute@Townofpaxton.net

REQUEST FORM FOR CHANGE OF MAILING ADDRESS

Please note that the Assessor's Office cannot change an owner's name without a deed that reflects the change, nor can this office change a mailing address without a written request to do so. It is policy that tax bills are mailed directly to the property owner, and not to any bank, mortgage company or other financial institution. This allows the property owner to remain informed of any changes in the tax bill. To prevent unauthorized changes, neither address nor name changes can be made by telephone.

	Request Date:			
Location of Property:				
Property ID or Map/Blo	ck/Lot:			
Original Mailing Addre				
New Mailing Address: _				
Request Submitted By:				
	Print Owner's Name			
Telephone #:	Ema	ail Address:		
PLEASE RETU	RN TO THE PAXT	ON ASSESSORS (OFFICE, THANK YOU	
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