

KEVIN E. TAUGHER, Chair
THOMAS R. REIDY, Clerk
LYNN MASSON, Member

MELISSA L. COUTURE RIMBOLD, Associate Assessor
MAUREEN CRONIN, Assistant to Associate Assessor

BOARD OF ASSESSORS ADDRESS CHANGE REQUEST FORM

Complete the form and file with the Assessor's Office

PARCEL ID: _____

NAME: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

EFFECTIVE DATE: _____

Which of the following do you want mailed to your NEW address? Check all that apply



Real Estate Bills

Address of Real Property:

(NOTE: checking this box will also update any sewer or trash account mailing address information)



Personal Property

Address where Personal Property is located:



Motor Vehicle Excise Tax

License plate number (s) of motor vehicles:

Name of Person requesting change

Date

REMEMBER TO NOTIFY THE REGISTRY OF MOTOR VEHICLES OF YOUR NEW ADDRESS FOR BOTH YOUR DRIVERS LICENSE AND REGISTRATION.

PLEASE RETURN TO: BOARD of ASSESSORS ROOM M7, SOUTH HADLEY, MA 01075

Sent By: Assessors Office:_____ Collectors Office:_____ Date Sent:_____