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:_______________