

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

MELISSA L. COUTURE RIMBOLD, Associate Assessor

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:

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 104, SOUTH HADLEY, MA 01075
or by FAX: 413-538-7565