

TOWN OF BELMONT
ASSESSORS' OFFICE

**NOTE:
ONE PROPERTY
ADDRESS PER
FORM, PLEASE**

NOTICE OF MAILING ADDRESS CHANGE
PLEASE PRINT

Date: [REDACTED]

Property Address: [REDACTED] Condo Unit #: [REDACTED]

Date Purchased (if new owner): [REDACTED]

Former Owner: [REDACTED]

New Owner: [REDACTED]

Date Moved: [REDACTED]

New Mailing (Street) Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Requested by: [REDACTED]

Telephone #: Home [REDACTED] Work [REDACTED]

Signature (owner or authorized agent): _____

This form is not acceptable without a signature, and the signature must be from an owner or an authorized agent. If you have any questions, please contact the Assessors' Office at 617-993-2630.

Please return completed form to: Assessors' Office
Town of Belmont
19 Moore Street
PO Box 56
Belmont, MA 02478

FOR OFFICE USE ONLY

Map_____ Parcel_____ Suffix_____ Unit_____

Processed by:_____ Date:_____