



**TOWN OF BELMONT**  
TOWN CLERK'S OFFICE  
455 CONCORD AVENUE  
BELMONT, MASSACHUSETTS 02478

ELLEN O'BRIEN CUSHMAN  
TOWN CLERK

TEL. (617) 993-2600  
FAX (617) 993-2601

**NOTICE OF CHANGE OF ADDRESS**

**Please Print:**

I hereby request a change of address effective: \_\_\_\_\_  
Date

New address: \_\_\_\_\_

Old Address: \_\_\_\_\_

Names of Resident(s)/Voter(s): _____	Date of Birth
_____	Date of Birth
_____	Date of Birth

**Signature of Resident Head of Household:** \_\_\_\_\_

**Signature of Each Voter to be Moved:** \_\_\_\_\_

*Please note: Massachusetts General Law requires the signature of the voter to authorize this move.*