

CHANGE OF ADDRESS FORM

Owners Name: _____

Location of Property: _____

Parcel ID (Map/Blck/Lot) _____

New Mailing Address: _____

City/Town _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Are you a new owner of this property? Yes: _____ No: _____

Signature of person making request: _____

Print your name: _____

If not owner, state your relationship to owner: _____

Today's Date: _____

Please complete and mail to:

Assessors Department, City Hall, Rm 223

Gardner, MA 01440

The signature of the owner is required on the form before any change of mailing address can be authorized. The "Assessed Owner" shown on your bill is the person owning the property on January 1st proceeding the current fiscal year. The "Current Owner" shown is the subsequent owner (if any) after the preceding January 1st date.