

CITY OF MEDFORD  
BOARD OF ASSESSORS  
CITY HALL ROOM 105  
MEDFORD, MA 02155

781-393-2435  
781-391-2158 (Fax)

ADDRESS CHANGE REQUEST

LOCATION OF REAL ESTATE:

\_\_\_\_\_

PARCEL ID: \_\_\_\_\_ BILL # \_\_\_\_\_

NEW NAME AND/OR MAILING ADDRESS OF PERSON TO RECEIVE TAX BILL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR CHANGE: (CHECK ONE)

NEW OWNER  MAILING ADDRESS  OTHER (EXPLAIN)

IF NEW OWNER: DATE PROPERTY WAS PURCHASED ON: \_\_\_/\_\_\_/\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(required)