



TOWN OF BRIDGEWATER

Assessing Office

66 Central Square

Bridgewater, MA 02324

assessors@bridgewaterma.org

TELEPHONE (508) 697-0928

MAP _____

PARCEL _____

ADDRESS CHANGE REQUEST FOR REAL ESTATE & PERSONAL PROPERTY TAX BILLS

Please complete in full and sign.

I, (We) request the Board of Assessors to change the mailing address as listed below.

Assessed owner(s): _____

Property location: _____

Old address: _____

NEW address: _____

Your signature is required on any request to change billing information for property taxes.

By signing below you are requesting a permanent change to the mailing address for real estate or personal property tax billing and correspondence for the above property from The Assessing Office and any departments utilizing our database for address information.

Date: _____ *Print Name:* _____ *Signature:* _____

Phone: _____ *Email:* _____

For Assessors use : *Init.* _____ *Date:* ____/____/____