



Mail Address Change Form

(NOT TO BE USED FOR PERSONAL PROPERTY)

Date Mailed: ___/___/___ Fiscal Year: _____ Ward: ___ Parcel: _____ - _____

The City of Boston operates under a Quarterly billing system. The fiscal year tax bill is sent to the owner of record as of January 1. If you purchased a property after January 1, the next fiscal year bill will list the previous owner's name. In order to receive future bills at the appropriate address, please fill out this form.

Please Note :

The signature of the owner is required on the form before any change of mailing address can be authorized.

Fill out this form and return it via U. S. Mail to:

**Assessing Department
Tax Data Administration
Room 301, City Hall
Boston, MA 02201**

1. Current Fiscal Year Owner:

2. Location (Address) of Property:

Street # Street Name

City

3. Mail To (Name of Person to Receive the Tax Bill):

4. Mailing Address:

City/Town: _____ State: _____ Zip: _____

5. Phone: Home () _____ - _____ Work () _____ - _____

6. Do you reside at the location of the property listed on Line 2? Yes No

7. Are you a New Owner? Yes No If yes, Date of purchase: ___/___/___

8. Signature of Requestor:

X _____

9. (If not Owner) Relation to Owner: _____

City of Boston Assessing Department

Date Rcv'd: ___/___/___

Reviewed By:
