



TOWN OF LANCASTER

REAL ESTATE BILLING CHANGE OF MAILING ADDRESS REQUEST

IN ORDER FOR THE ASSESSORS OFFICE TO ENSURE REAL ESTATE BILLS REACH YOU, AS THE RECORD OWNER OR YOUR AUTHORIZED AGENT, PLEASE COMPLETE AND SIGN THIS FORM.

1. LOCATION OF THE PROPERTY:

Street No. Street Address Unit # Zip Code

2. PROPERTY OWNER AND CURRENT MAILING ADDRESS:

Name

Address

City, Town State Zip Code

3. NEW MAILING ADDRESS:

Name

Address

City, Town State Zip Code

4. ARE YOU THE CURRENT OWNER (S) OF THE PROPERTY? YES \_\_\_\_ NO \_\_\_\_

5. ARE YOU THE NEW OWNER (S) OF THE PROPERTY? YES \_\_\_\_ NO \_\_\_\_

DATE DEED RECORDED \_\_\_\_\_ PREVIOUS OWNER \_\_\_\_\_

6. IF NOT THE OWNER, PLEASE STATE YOUR INTEREST IN THE PROPERTY: \_\_\_\_\_

7. WATER BILLING YES \_\_\_\_ NO \_\_\_\_

8. SEWER BILLING YES \_\_\_\_ NO \_\_\_\_

DATE \_\_\_\_\_

TEL: \_\_\_\_\_

Signature of Owner/Authorized Representative

Please Print Name

MAIL COMPLETED FORM TO: ASSESSORS OFFICE, 701 MAIN STREET, SUITE 3, LANCASTER, MA 01523

OR EMAIL COMPLETED FORM TO: assessors@lancasterma.net

INCOMPLETE FORMS WILL NOT BE PROCESSED. IT IS THE RESPONSIBILITY OF THE TAXPAYER TO CONTACT THE TREASURERS OFFICE IF TAX BILL IS NOT RECEIVED.

Debra A. Sanders Principal Assessor, ext 1301

Bobbi-Jo Williams Finance Technician, ext 1312