



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. NAME(S) AND ADDRESS (AS SHOWN ON CURRENT REAL ESTATE TAX BILL): BILLING ACCT # _____

Last Name, First Name

Address

City, Town State Zip Code

3. NEW MAILING ADDRESS (FOR FUTURE REAL ESTATE TAX BILLS):

Address Line 1

Address Line 2

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 OF PURCHASE: _____ PREVIOUS OWNER: _____

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

7. WATER BILLING YES _____ NO _____ Acct# _____

8. SEWER BILLING YES _____ NO _____ Acct# _____

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.gov

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