



TOWN OF WESTFORD  
55 Main Street  
WESTFORD, MA 01886  
978.692.5504

BOARD OF ASSESSORS  
*Titus Palmer, Chair*  
*Diane Holmes, Member*  
*David J. Flanagan, Member*

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## **TAX BILL ADDRESS CHANGE FORM**

DATE OF REQUEST: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_

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OWNER: \_\_\_\_\_

*I am an owner of the property, or I have written permission to represent the owner. (Attach permission document)*

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_