



Administration and Finance Division of Assessing

CHANGE OF ADDRESS FORM

In order for any address change to take effect, ALL owners of said property must agree and sign this form.

Date: _____

Owner/Owners of Record: _____

Second Owner/Owners: _____

Third Owner/Owners: _____

Location of Property: _____

Parcel ID: Map _____ Block _____ Lot _____

New Mailing Address (Address You Want the Bill Mailed To)

Print Your Name Here: _____

Street: _____

City: _____ State: _____ Zip _____

Signature of Owner/Owners _____

Signed under the penalties of perjury.

Phone Number :(_____)_____-_____

Please Mail to: City Hall 455 Main St., Room 209 Worcester, MA 01608.

OR Email us this form to: assessing@worcesterma.gov

OR Fax us this form to: (508) 799-1021

**ADDRESS CHANGES WITH REGARD TO EXCISE MUST BE MADE AT THE REGISTRY OF MOTOR
VEHICLES.**