

TOWN OF SWAMPSCOTT MASSACHUSETTS

ASSESSING DEPARTMENT Elihu Thomson Administration Building 22 Monument Avenue

Swampscott, MA 01907 Tel: (781) 596-8850 Email: assessing@swampscottma.gov DIRECTOR OF ASSESSING Cheryl Moschella

BOARD OF ASSESSORS

Tasia Vasiliou, Chair Neil Sheehan, Vice Chair Lara Goodman, Secretary

Change of Mailing Address Request Form

To change the address on your motor vehicle excise tax bill, contact the Registry of Motor Vehicles.

To change the address on your boat excise tax bill, contact the Environmental Police..

To change the mailing address of your water/sewer/trash bill, contact Customer Service.

Date:		
Check box regarding: Real Estate	or Business Personal Pi	roperty
Parcel ID/Personal Property Account #:		
Property Address:		
Current Owner Name:		
New Owner: Yes:No:		
If Yes, Date Purchased/Acquired Titl	e:	
New Mailing Address:		
C/O (if needed):		
Street:		
City/Town:	State:	Zip:
Completed by:		
Phone Number:		
Email Address:		
Signature:		
(Subscribed under the penalties of perjury) This fo	orm must be signed by the own	er/or trustee as

shown on the recorded deed.

Please complete the requested information and return this form to the address listed above.

Ownership date is January 1st of any given year. State Law prohibits the Assessors Office from changing the legal ownership until the following fiscal year. It might take a few billing cycles for the previous owner(s) name(s) to be removed. M.G.L Ch 59 § 11