



# TOWN OF WILMINGTON

## BOARD OF ASSESSORS

121 Glen Road  
Wilmington, MA 01887  
TEL: 978-658-3675 FAX: 978-657-6437

### PERSONAL PROPERTY - CHANGE OF LOCATION AND/OR MAILING ADDRESS FORM

Please complete the information below and submit to the Assessor's Office

ACCOUNT# \_\_\_\_\_ BILL # \_\_\_\_\_

CURRENT BUSINESS LOCATION \_\_\_\_\_

OWNER NAME \_\_\_\_\_

NEW BUSINESS LOCATION (IF APPLICABLE) \_\_\_\_\_

NEW MAILING ADDRESS \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY/TOWN) (STATE) (ZIP CODE)

TELEPHONE # \_\_\_\_\_

**ARE YOU THE CURRENT BUSINESS OWNER  
REQUESTING AN ADDRESS CHANGE (circle one) YES NO**

**ARE YOU THE NEW BUSINESS OWNER (circle one) YES NO**

**IF NEW OWNER, WHAT WAS THE DATE OF PURCHASE \_\_\_\_/\_\_\_\_/\_\_\_\_**

**NOTE: IF PURCHASE DATE WAS AFTER JANUARY 1 OF THE PREVIOUS YEAR, TAX BILLS MUST BE  
MAILED TO THE FORMER OWNER, IN CARE OF THE NEW OWNER.**

Name of Owner/Authorized Representative \_\_\_\_\_  
(Please Print)

Signature of Owner/Authorized Representative \_\_\_\_\_

*\*If authorized representative, please provide a letter from the property owner granting authorization.*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessor's Office Use Only

Date correction made _____	Fiscal Year _____
RRC _____	Softright _____
Initials _____	