



TOWN OF WILMINGTON

BOARD OF ASSESSORS

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

REAL ESTATE - CHANGE OF MAILING ADDRESS FORM

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

MAP # _____ LOT # _____ BILL / ACCT # _____

PROPERTY LOCATION _____

OWNER NAME _____

NEW MAILING ADDRESS _____
(STREET)

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

TELEPHONE # _____

**ARE YOU THE CURRENT OWNER REQUESTING
A MAILING ADDRESS CHANGE (circle one) YES NO**

ARE YOU THE NEW 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 _____
Vision _____	Softright _____
_____	Initials _____