



# ASSESSORS OFFICE WEST SPRINGFIELD, MASSACHUSETTS

26 Central Street · West Springfield MA 01089-2753  
Telephone: (413) 263-3050 · Fax: (413) 263-3054  
Email: All\_assessor@townofwestspringfield.org

## CHANGE OF ADDRESS FORM

*Please Note: Pursuant to Massachusetts General Law, Ch 59, tax bills are issued to the legal record owner as of January 1<sup>st</sup> for the fiscal year immediately following. In order for the Assessor's Office to ensure Real Estate/Personal Property & Water/Sewer bills reach you, as the owner of record or your authorized agent, please complete and return this form. It is the responsibility of the Taxpayer to contact the Treasurer's Office at (413) 263-3006 if a tax bill is not received. Address changes for Motor Vehicle Excise MUST be made with the Registry of Motor Vehicles (<https://www.mass.gov/how-to/change-your-address-with-the-rmv>). Incomplete forms will not be processed.*

Is this request for (CHECK ONE):  REAL ESTATE / WATER & SEWER  PERSONAL PROPERTY

LOCATION OF PROPERTY:

\_\_\_\_\_  
Street No. Street Address Unit # Zip Code

**NAME AND ADDRESS YOU WANT THE TAX BILLS SENT TO:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

What is your legal interest in this property?

Owner

Trustee

Life Tenant

Power of Attorney

Business Owner/Agent

Other \_\_\_\_\_

**Name Changes must be accompanied by a copy of Marriage Certificate, Deed, Life Estate, Trust, Death Certificate, Articles of Incorporation, Letter of Agency, or Court Order as appropriate.**

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

\_\_\_\_\_  
Date

Email: \_\_\_\_\_

Tel: \_\_\_\_\_