

Mail Address Change Form

Complete all questions below:

1. Date Request Mailed: _____ Fiscal Year: _____

2. Current Fiscal Year Owner: _____

3. Location (Address) of Property: _____

4. Mail To (Name of Person to Receive the Tax Bill): _____

5. Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

6. Phone: (Home) _____ (Work) _____ (Cell) _____

7. Do you reside at the location of the property listed on Line 2? ___ Yes ___ No

8. Are you a New Owner? ___ Yes ___ No If yes, date of purchase: _____

9. Name of Requestor: (Print) _____

Signature: (required) _____

10. (If not Owner) Relation to Owner: _____

The Town of Norfolk operates under a Quarterly billing system. The fiscal year tax bill is sent to the owner of record as of January 1. If you purchased a property after January 1, the next fiscal year bill will list the previous owner's name. In order to receive future bills at the appropriate address, please fill out this form.

Please Note :

The signature of the owner is required on the form before any change of mailing address can be authorized.

Fill out this form, sign it and return it by U. S. Mail to: Assessing Department, 1 Liberty Lane, Norfolk, MA 02056

(For office use only)

Date Rcv'd: ____/____/____

Reviewed By: _____