



CITY OF NEW BEDFORD
ASSESSING DEPARTMENT

NOTIFICATION OF DEATH

PLOT _____ **LOT** _____

Owners Name
(Last Name First) _____

Name of Deceased _____

Date of Death _____

Mailing Address _____

Location of Property _____

Person Submitting Information _____

Telephone # (____) _____

Authorized Signature: _____ **Date:** _____

In Person: _____ **By Phone:** _____

Other: _____ **By Mail:** _____