



City of New Bedford
Massachusetts
ASSESSING DEPARTMENT

AFFIDAVIT OF MAILING ADDRESS CHANGE FOR REAL ESTATE TAX

(PLEASE PRINT CLEARLY)

FISCAL YEAR: _____

PARCEL IDENTIFICATION: PLOT _____ LOT _____

PROPERTY LOCATION: _____

ASSESSED OWNER OF RECORD: _____

OLD MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

NEW OWNER and/or NEW MAILING ADDRESS

NEW OWNER: _____

NEW MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

(If a P. O. BOX is used for mailing please list RESIDENTIAL ADDRESS below)

REASON FOR ADDRESS CHANGE: _____

PERSON REQUESTING ADDRESS CHANGE: Owner () Other ()

Print Name: _____ Relationship to Owner: _____

I hereby certify to the City of New Bedford that the above address is the proper legal mailing to receive all bills, notices and other correspondence from the City of New Bedford MA as it relates to the above parcel of land and/or buildings. Signed and subscribed this day under the pains and penalties of perjury.

SIGNATURE: _____ DATE: _____

(Request cannot be processed without a signature)