



BOARD OF ASSESSORS
23 LINDEN STREET
BERLIN, MA. 01503
978-838-2256

CHANGE OF ADDRESS REQUEST

Date: _____

Please change billing address information for the following:

Owner Name(s): _____

Property Location(s): _____

Owner Telephone #: _____

Owner Email: _____

Please send bills to the following mailing address:

Owner's signature*: _____

**Accounts must be listed in owner's name per Assessors database, unless property is commercial and we have owner's prior approval.*