



**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): _____

Telephone: _____

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.*