



# Town of Carlisle



Office of  
BOARD OF ASSESSORS  
PO BX 827  
CARLISLE, MASSACHUSETTS 01741

## CHANGE OF ADDRESS FORM

In order for this office to properly bill the owner(s) or authorized representative, fill out completely.

| Location of Property | Map & Parcel | Owners Name |
|----------------------|--------------|-------------|
|                      |              |             |

1. The Name and Address where you would like the bill sent.

|  |
|--|
|  |
|  |
|  |

2. Are you the current owner(s) of the property      YES            NO     

3. Are you the new owner(s) of the property?      YES            NO     

Date of Purchase: \_\_\_\_\_

Previous Owner: \_\_\_\_\_

4. If you are not the owner, please state your interest in the property.

|  |
|--|
|  |
|  |
|  |

Signature of Owner/Authorized Representative

Date

Please PRINT Name

Date