

**Main Line (978) 827-4100**  
**Board of Selectmen**  
 Extension 109  
**Town Administrator**  
 Extension 109  
**Town Accountant**  
 Extension 120  
**Town Clerk**  
 Extension 114  
**Tax Collector**  
 Extension 113  
**Treasurer**  
 Extension 112  
**Board of Assessors**  
 Extension 111  
**Land Use Office**  
 Extension 117  
**Town Planner**  
 Extension 121  
**Conservation Agent**  
 Extension 115



Animal Control  
 Board of Health  
 Building Commission  
 Conservation Commission  
 Council on Aging  
 Cultural Council  
 Electrical Inspector  
 Gas & Plumbing Inspector  
 Historical Commission  
 Municipal Planning  
 Parks & Recreation  
 Planning Board  
 Zoning Board of Appeals

**TOWN OF ASHBURNHAM**

Town Hall, 32 Main Street  
 Ashburnham, Massachusetts 01430  
 Phone (978) 827-4100  
 Fax: (978) 827-4105

# ***CHANGE OF ADDRESS FORM***

## ***For Real Estate/Personal Property***

Date of Application \_\_\_\_\_

**Record Owner of Property:** \_\_\_\_\_  
 (as appearing on Deed)

MAP \_\_\_\_\_ PARCEL \_\_\_\_\_ PERSONAL PROPERTY \_\_\_\_\_

MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

Is this your Primary Residence \_\_\_\_\_ (Please indicate Yes/No)  
 Is this Residence Utilized by a Family Member \_\_\_\_\_ Rental Property \_\_\_\_\_ (check one)

**PROPERTY LOCATION/ADDRESS IF DIFFERENT FROM MAILING ADDRESS:**

\_\_\_\_\_

**Mailing Address on Deed:** \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_

**New Mailing Address** \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_

**c/o Name and address:** \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_

I, the record owner of the property above, consent to have my Real Estate/Personal Property tax bills sent to the new mailing address as indicated. I understand that the ownership information will not be changed due to the Deed of Record being a legal document.

If changing to "Care of" please attached the legal document (Power of Attorney, Will, Probate Doc, etc).

\_\_\_\_\_  
Record Owner Signature

\_\_\_\_\_  
Date