

TOWN OF HALIFAX
NOTICE OF MAILING ADDRESS CHANGE

DATE: _____

PROPERTY ADDRESS: _____

DATE PURCHASED (IF NEW OWNER): _____

FORMER OWNER: _____

NEW OWNER: _____

DATE MOVED: _____

NEW MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

***Please check below which bills should be sent to new mailing address**

REAL ESTATE BILL: _____ **PERSONAL PROPERTY BILL:** _____

RECYCLING: _____ **WATER:** _____

REQUESTED BY: _____

TELEPHONE#: _____

SIGNATURE (OWNER OR AUTHORIZED AGENT): _____

***This form is not acceptable without a signature, and the signature must be from an owner or authorized agent. If you have questions, please contact the Assessors' office at 781-293-5960.**

Please return completed form to: Assessors' Office,

499 Plymouth St., Halifax, MA 02338

FOR OFFICE USE ONLY

MAP _____ **PARCEL** _____ **KEY** _____

PROCESSED BY: _____ **DATE:** _____

