

Office of the Board of Assessors 730 Massachusetts Ave Arlington, MA 02476

781.316.3050 assessors@town.arlington.ma.us

This form is for mailing address and/or ownership changes/corrections for Real Estate and Personal Property accounts only.

Please contact the Water Dept, <u>DPWwaterbillquestions@town.arlington.ma.us</u> to make changes on water & sewer bills.

Please note: If your real estate tax is paid through escrow or if you have enrolled for electronic notification, a valid, current mailing address is still required to be on file for your real estate property located in Arlington.

If you are in the process of selling, or have sold your property in Arlington please do not use this from.

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	DATE:		
PROPERTY LOCATION:	CONDO UNIT #:		¯#:
CURRENT OWNER(S): _			
_			
	NEW MAILING ADDRESS (PLE	ASE PRINT CLEARLY)	
Number	Street		Unit
	City/Town	State	Zip Code
	OWNERSHIP/TRUSTEE(S) CH	ANGES if applicable	
New Owner(s) or Trustee(s):			
Date change was recorded Ownership & Trustee	: changes are verified by examining deeds and o	ther documents recorded with the Regist	y of Deeds.
Prior Owner orTrustee(s):			
	NAME CORRECTIONS		
	NAME CORRECTIONS	if applicable	
Corrected Owner Name(s):			
Docu	mentation must be provided if name correction	n is a result of a legal name change.	
Signature:			
·	erty Manager of the above property and am re	sponsible for the payment of bills to the	I own of Arlington.
Printed Name:			
Telephone number or email This form is not acceptable.	il: Dile without a signature, and that signat Proof of authorization may		horized agent.