

DEBORAH BRUNELLE MAA, Assessor

ADDRESS CHANGE REQUEST FORM

COMPLETE THE FORM AND SEND TO:

Holyoke Board of Assessors 536 Dwight Street Room 4 Holyoke, MA 01040

PLEASE TYPE OR PRINT CLEARLY

ACCOUNT OR MAP/BLOCK/LOT NO	UMBER:	
OWNER NAME:		
PROPERTY LOCATION:		**************************************
NEW MAILING ADDRESS:		
PLEASE INCLUDE ZIP CODE:	-	
EFFECTIVE DATE:		
Signature of person requesting change	DATE	
or person requesting change	DATE	
PRINT NAME		

REMEMBER TO NOTIFY THE REGISTRY OF MOTOR VEHICLES OF YOUR NEW ADDRESS FOR BOTH YOUR DRIVER'S LICENSE AND REGISTRATION

