



ASSESSING DEPARTMENT
195 MAIN STREET
MAYNARD, MA 01754
978-897-1304

REQUEST TO CHANGE MAILING ADDRESS

OWNER NAME: _____

*PROPERTY ADDRESS / PARCEL ID:

NEW MAILING ADDRESS:

SIGNATURE/OWNER OF RECORD

DATE

*By law, the real estate bills must be sent to the property address, unless requested in writing
by the OWNER OF RECORD to be sent to a different mailing address.