

# Mail Address Change Form

Town of Somerset Assessing Office

Complete all questions below:

The Town of Somerset operates under a quarterly billing system. The fiscal year tax bill is sent to the owner of record as of January 1<sup>st</sup>.

## Please Note:

The signature of the owner is required on the form before any change of mailing address can be authorized.

Fill out this form, sign and return it by mail\_email\_fax to:

Assessors' Office  
Somerset Town Hall  
140 Wood St  
Somerset, MA 02726

Fax: (508) 646-2825

[Plee@town.somerset.ma.us](mailto:Plee@town.somerset.ma.us)

[Jpuccio@town.somerset.ma.us](mailto:Jpuccio@town.somerset.ma.us)

1. Date of Request : _____
2. Parcel ID: _____ (Real Estate Account #) Ex. A1-55
3. Current Owner: _____
4. Location of Property: _____ Street #                      Street Name                      City, State, Zip Code
5. Mail To (Name of Person to Receive the Tax Bill): _____
6. Mailing Address: _____ City/Town: _____ State: _____ Zip: _____
7. Phone: (Home): _____ Work: _____ Cell: _____
8. Do you reside at the location of the property listed on Line 4? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you the New Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of purchase: _____
<b>Signature:</b>
10. Name : (Print) _____ Signature: (Required) _____

(For office use only)

Date Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reviewed By: \_\_\_\_\_