

CITY OF WORCESTER, MASSACHUSETTS

Edward M. Augustus, Jr.
City Manager



Samuel E. Konieczny, MAA
City Assessor

**Administration and Finance
Division of Assessing**

CHANGE OF ADDRESS FORM

In order for any address change to take effect, ALL owners of said property must agree and sign this form.

Date: _____

Owner/Owners of Record: _____

Second Owner/Owners: _____

Third Owner/Owners: _____

Location of Property: _____

Parcel ID: Map _____ Block _____ Lot _____

New Mailing Address (Address You Want The Bill Mailed To)

Print Your Name Here: _____

Street: _____

City: _____ State: _____ Zip _____

Signature of Owner/Owners _____

Signed under the penalties of perjury.

Phone Number: (_____) _____ - _____

Please Mail to: City Hall, 455 Main St., Room 209, Worcester, MA 01608.
OR Email us this form to: assessing@worcesterma.gov
OR Fax us this form to: (508) 799-1021

ADDRESS CHANGES WITH REGARD TO EXCISE MUST BE MADE AT THE REGISTRY OF MOTOR VEHICLES.