



Town of Sutton
4 Uxbridge Rd
Sutton, MA 01590
(508)865-8722
(508)865-8721 fax

REQUEST FORM FOR CHANGE OF IN MAILING ADDRESS

Date of request: _____

Please note that the Assessor's office cannot change an owner's name without a deed reflecting the change, or an owner's mailing address unless the property owner signs and returns this form. To prevent unauthorized changes, address and name changes cannot be made by telephone.

Please check one:

Same owner (address change): _____

New Owner of Personal Property (Business): _____ As of date: _____

Location of Property: _____

Property Address

Property Identification: _____

Map Block Lot

Original Mailing Address: _____

New Mailing Address: _____

Please PRINT your name

Submitted by: _____

Property Owner's Signature

PLEASE RETURN TO THE SUTTON ASSESSOR'S OFFICE OR YOU MAY RETURN IN PERSON. THE BOARD REQUIRES AN ORIGINAL SIGNATURE ON FILE FOR ANY CHANGES.

Assessor's Office use: Data changed by: _____ Date entered: _____

Customer # _____ Map: _____ Lot _____ Parcel _____