



## CHANGE of ADDRESS REQUEST FORM

**Real Estate/Personal Property**  
**Town of Duxbury – Assessors Office**  
**878 Tremont Street**  
**Duxbury, Massachusetts 02332**  
**assessors@town.duxbury.ma.us**  
**781-934-1100 ext-6010 Fax: 781-934-2402**

LOCATION OF PROPERTY:

---

---

---

PREVIOUS MAILING ADDRESS:

---

---

---

NEW MAILING ADDRESS:  Check if 2<sup>nd</sup> home and not primary residence.

---

---

---

OWNER OF RECORD: **(Please Print)**

---

SIGNATURE OF OWNER:

---

DATE OF CHANGE: \_\_\_\_\_

---

For Assessors Use Only:

Name of Business/Account # \_\_\_\_\_

Parcel # \_\_\_\_\_

Date Changed \_\_\_\_\_

Initials \_\_\_\_\_