

Board of Assessors' Office

PERSONAL PROPERTY CHANGE OF MAILING ADDRESS

IN ORDER FOR THE ASSESSORS OFFICE TO ENSURE BILLS REACH YOU, AS THE OWNER OR AUTHORIZED AGENT, PLEASE COMPLETE AND SIGN THIS FORM

Please print clearly

1. LOCATION OF THE BUSINESS					
	Street No.	Street Address		Unit #	
ACCOUNT #					
2. THE NAME AND ADDRESS YOU	WANT THE BII	LL SENT:			
NAME					
ADDRESS					
CITY/TOWN					
STATE		ZIP CODE			
3. ARE YOU THE CURRENT BUSINI	ESS OWNER (S)	?	YES	NO	
4. ARE YOU THE NEW OWNER (S) OF BUSINESS?			YES _	NO	
DATE OF PURCHASE	PREVIOUS OWNER				
5. IF YOU ARE NOT OWNER, STATI	E YOUR INTERE	EST IN THE BUS	INESS		
DATE					
			Signature of Owner	nature of Owner/authorized Representative	
		Please Print Name			

MAIL COMPLETED FORM TO: ASSESSORS OFFICE, 78 MAIN STREET, HUDSON, MASSACHUSETTS 01749

INCOMPLETE FORMS WILL NOT BE PROCESSED IT IS THE RESPONSIBILITY OF THE TAXPAYER TO CONTACT THE TREASURER IF TAX BILL IS NOT RECEIVED

ADDRESS CHANGES DUE BY: APRIL 1^{ST} FOR ACTUAL BILLS, OCTOBER 1^{ST} FOR PRELIMINARY BILLS

The Assessor's office is available to answer any questions regarding the information weekdays from 8:00 AM to 4:30 PM (978)568-9620 Fax (978)562-8508