Mail Address Change Form
Assessing Department

Complete all questions below:

1. Date Request Mailed:______________________ Fiscal Year:______________
2. Parcel:________________________________________
   (Map / Lot)
3. Current Fiscal Year Owner:
   _______________________________________________
4. Location (Address) of Property:
   _______________________________________________
   Street #     Street Name
5. Mail to (Name of Person to Receive the Tax Bill):
   _______________________________________________
6. Mailing Address:____________________________________
   City/Town:__________________________ State:__________ Zip:_________
7. Phone: (Home)___________________________ (Work)_____________________
8. Do you reside at the location of the property listed on Line 2?  ○ Yes  ○ No
9. Are you a New Owner?  ○ Yes  ○ No  If yes, Date of Purchase:______________

Signature:
10. Name of Requestor: (Print)______________________________
    Signature: (Required)____________________________________
11. (If not Owner) Relation to Owner:________________________

The Town of Sandisfield operates under a Semi billing system. The fiscal year tax bill is sent to the owner of record as of January 1. If you purchased a property after January 1, the next fiscal year bill will list the previous owner’s name. In order to receive future bills at the appropriate address, please fill out this form.

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 it and return it by U.S. Mail to:
Sandisfield Assessing Department
PO Box 145
Sandisfield, MA 01255

Tax Data Administration (413) 258-4711 x 6  (For office use only)

Date Received: _____/_____/_____
Reviewed By: ____________________________