



140 Main Street Marlborough, Massachusetts 01752 TDD (508) 460-3610 Phone: (508) 460-3779

CHANGE OF ADDRESS FORM

Date:			
Your Name/Company: _			
Phone Number: _ ()		
Owner(s) of Record:			
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*If you are requesting the authorization in addition	change of address on b to this form. *	ehalf of the property	owner(s), please provide owner
Location of Property:			
Parcel ID:			
NEW MAILING ADDRE	SS (Real estate billing a	address)	
Street:		· · · · · · · · · · · · · · · · · · ·	
City:	State:	Zip	
Please include ALL owner	rs of record signatures (or authorized signatu	re below:
			_
			-

PLEASE RETURN TO THE ASSESSOR'S OFFICE:

Mail: Assessor, Marlborough City Hall, 140 Main Street, Marlborough, MA 01752

Email: assessors dept@marlborough-ma.gov

Please note: To update water/sewer billing address, please contact the Department of Public Works/Water Department directly at 508-624-6910 or $\underline{jdibuono@marlborough-ma.gov}$.