



BROOKLINE BOARD OF ASSESSORS

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CHANGE OF MAILING ADDRESS OR OWNER NAME

Please Complete the Form Below and Submit to the Assessor's Office or Submit Change of Address

Information Online at: [HTTP://WWW.BROOKLINEMA.GOV/FORMCENTER/CHANGE-OF-ADDRESS-FORM-3/](http://www.brooklinema.gov/formcenter/change-of-address-form-3/)

PROPERTY LOCATION

STREET NO: _____ STREET NAME: _____ UNIT #: _____

CURRENT OWNER-ADDRESS INFORMATION PER PROPERTY TAX BILL

OWNER: _____

CURRENT MAILING ADDRESS

STREET NO: _____ STREET NAME: _____ UNIT #: _____

OR PO BOX: _____ CITY/TOWN: _____ STATE: _____ ZIP: _____

REQUESTED CHANGES – OWNER ADDRESS INFORMATION

CHANGE IN OWNER (LEAVE BLANK IF NO CHANGE):

IS THIS A NEW OWNER? YES [] NO [] DOES THIS NEW OWNER RESIDE AT THE PROPERTY? YES [] NO []

FOR CHANGE IN NEW OWNER, PLEASE ATTACH SUPPORTING DOCUMENTATION:

DEED [] PROBATE RECORDS [] DEATH CERTIFICATE [] TRUST STATEMENT [] DIVORCE RECORD []

NEW MAILING ADDRESS

STREET NO: _____ STREET NAME: _____ UNIT #: _____

OR PO BOX: _____ CITY/TOWN: _____ STATE: _____ ZIP: _____

SIGNATURE: I certify under the pains and penalties of perjury, that I am either the owner of the property or the authorized representative of the owner and that all information supplied in this requisition is to the best of my knowledge true and correct.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

REASON FOR CHANGE:

PARCEL ID: BLOCK: _____ LOT: _____ TAX COLLECTOR'S ACCOUNT #: _____

Assessors Use Only:

Date: _____ Action: _____