

PARCEL ID# _____

CHANGE OF ADDRESS
(Accepted in Writing Only)

LOCATION OF PROPERTY:

Owner of Record: _____

Street: _____

Town: STURBRIDGE, MA

NEW MAILING ADDRESS:

Name: _____

Street: _____

Town/State/Zip Code: _____

Signature – **Owner of Record Only**

Date

Return to: Assessor's Office, 308 Main Street, Sturbridge, MA 01566