



# TOWN OF EDGARTOWN MASSACHUSETTS

## OFFICE OF THE BOARD OF ASSESSORS

70 MAIN STREET  
EDGARTOWN, MA 02539  
TELEPHONE: (508) 627-6140  
FAX: (508) 627-6119

Please complete and return to:  
Board of Assessors  
70 Main Street  
PO Box 886  
Edgartown, MA 02539  
efrancis@edgartown-ma.us

## PROPERTY CHANGE OF ADDRESS FORM

1. Today's Date: \_\_\_\_\_
  
2. Property Owner Name: \_\_\_\_\_  
(Name must appear on the deed)
  
3. Property Address: \_\_\_\_\_
  
4. Parcel ID (if known): \_\_\_\_\_
  
5. Old Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
  
6. New Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
  
7. Phone #: \_\_\_\_\_
  
8. Email: \_\_\_\_\_
  
9. Signature of Property Owner: \_\_\_\_\_

Note: Please include a Power of Attorney if applicable.