

## TOWN OF CARVER ASSESSOR'S OFFICE

108 Main Street Carver, Massachusetts 02330 Telephone (508) 866-3410 Fax (508) 866-7401

## Board of Assessors Mailing Address Change Form

1. Current Owner (	Please print):
2. Date of Ownersh	nip: Phone:
3. Email Address:	
4. Property Addres	s:
5. Parcel I.D:	
6. New Mailing Add	dress:
7. City / Town:	State: Zip:
8. Did you reside a	t the location as of January 1 <sup>st</sup> of this year? ☐ YES ☐ NO
9. Are you a New 0	Owner? □ YES □ NO
10. Printed Name of	Owner*:
11. Signature of Ow	ner**:
*No Mortgage Compar ** Please note, that a sig	nies. gnature of the owner is required on the form before any change can be made.
Please mail to:	Town of Carver Assessor's Office 108 Main Street Carver, MA 02330
	OR
Please email to:	Assessingdept@carverma.gov
Office Use Only:	
Entered by:	PK: MMS: Date: