

**CITY OF CAMBRIDGE
ASSESSING DEPARTMENT**

NOTICE OF MAILING ADDRESS CHANGE

Date:

Location of Property: Condo Unit #

Date Purchased: (if new owner)

Former Owner:

New Owner:

Date moved:

New Street Address:

City: State: Zip Code:

Requested by:

Tel. No.: Home Work

Signature: (owner or authorized agent) _____

Note: This form is not acceptable without signature. If you do not received a postcard or e-mail confirmation within one week of your mailing address request please, contact the Assessing Department at 617-349-4343.

Please return completed form to: Assessing Department
 City of Cambridge
 795 Massachusetts Avenue
 Cambridge, MA 02139
or e-mail to: addresschangerequest@cambridgema.gov

FOR OFFICE USE ONLY

Account No.: _____ Blk/Lot/Unit: _____

Taken by _____ Date _____ Processed by _____ Date _____