

**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 receive a postcard confirmation within two weeks that your change has been processed, 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 fax to: (617) 349-4357

FOR OFFICE USE ONLY

Account No.: _____

Blk/Lot/Unit: _____

Taken by _____

Date _____

Processed by _____

Date _____