



TOWN OF ABINGTON BOARD OF ASSESSORS

500 GLINIEWICZ WAY
ABINGTON, MA 02351
PHONE: (781) 982-2107 FAX: (781) 982-2121

ADDRESS CHANGE REQUEST

Date: _____ Real Estate: _____

Location: _____ Personal Property: _____

Map: _____ Lot: _____ Unit: _____ PP Acct #: _____

Book: _____ Page: _____ DBA: _____

Owner of Record: _____

(Name(s) on Deed, Business Name if Corp., or Trustee and Name of Trust)

Residential Address: _____
(If different from Location)

Old Mailing Address: _____

New Mailing Address: _____

Authorized Signature: _____

Please Print Name: _____

Phone Number _____