



Assessors Office

Town of Lenox

6 Walker Street | Lenox | Massachusetts | 01240

Telephone (413) 637-5500 Ext 1202 Fax (413) 637-5518

CHANGE OF ADDRESS FORM

Please Note: Pursuant to Massachusetts General Law, Ch 59, tax bills are issued to the legal record owner as of January 1st for the fiscal year immediately following. In order for the Assessor's Office to ensure Real Estate bills reach you, as the owner of record or your authorized agent, please complete and return this form. It is the responsibility of the Taxpayer to contact the Treasurer's Office at (413) 637-5500 Ext 1205 if a tax bill is not received. Address changes for Motor Vehicle Excise MUST be made with the Registry of Motor Vehicles (www.massdot.state.ma.us/rmv). Incomplete forms will not be processed.

LOCATION OF PROPERTY:

Street No.	Street Address	Unit #	Zip Code
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<i>NAME AND ADDRESS YOU WANT THE TAX BILLS SENT TO:</i>			
Name _____			
Address _____			
City _____	State _____	Zip Code _____	

What is your legal interest in this property?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Life Tenant | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Other _____ |

Name Changes must be accompanied by a copy of Marriage Certificate, Deed, Life Estate, Trust, Death Certificate, Articles of Incorporation, Letter of Agency, or Court Order as appropriate.

Signature of Owner/ Authorized Representative

Date

Tel: () _____

Cell: () _____