

TOWN of CLINTON

INFORMATION CHANGE REQUEST

Uses this form to: notify the Assessors of an ownership or mailing address change to **Real Estate** or **Personal Property** accounts.

Instructions: Complete this form and return it to the address below with the required documentation.

Property Location: _____

Current fiscal year owner(s) _____

Mail to owner(s) _____

Mail to: Address _____

City/Town _____ **State** _____ **Zip** _____ - _____

Reason for request: Moved Court Order Divorce Death Other(explain)

All owner name changes require acceptable legal documentation to be recorded, please attach it to this form.

This INFORMATION CHANGE REQUEST form has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Print Your Name: _____ **Date this form was completed:** ____/____/____

Your Signature: _____ **Day time Telephone number** ____ - ____ - _____

Pursuant to Massachusetts General Law, Chapter 60§3 - Tax bills; notices: Tax bills shall be mailed to the record of owner as of January first for the current tax year, it shall be postpaid and directed to the City/Town where the assessed person resided on January first of the year in which the tax was assessed.

Return this completed form to: **Town of Clinton ° Board of Assessors ° 242 Church Street ° Clinton, MA 01510**
Questions can be addressed to the Board of Assessors at (978) 365-4117

----- Assessors Use Only -----

Date received: ____/____/____

M/B/L/U: ____ / ____ / ____ / ____ **Deed Ref. book/page:** _____ **or Account Number** _____