



OFFICE OF THE BOARD OF ASSESSORS

CITY OF SPRINGFIELD
36 COURT STREET SPRINGFIELD, MA 01103
Telephone 413-787-6164
Fax 413-787-7721

www.cityofspringfieldmass.com

The City of Springfield operates under a Quarterly billing system. The Fiscal Year tax bill is sent to the owner of record as of January 1. If you purchased a property after January 2, the next fiscal years' bill will reflect the previous owner's name. In order to receive future bills at the appropriate address, you must complete this form. We will attach your name as "care of" (c/o) until the following January 1 when your name will appear as the property owner.

AFFIDAVIT OF MAILING ADDRESS- PERSONAL PROPERTY BUSINESS

It is the policy of the City of Springfield to mail tax bills and other bills to the transferred property unless instructed to mail such correspondence to another address by completing and filing this form with the Assessors office.

PLEASE PRINT CLEARLY AND USE BALLPOINT PEN

RRC ACCOUNT NUMBER									
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LOCATION OF PROPERTY		UNIT/LOT
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ASSESSED OWNER OF RECORD from tax bill			
	<i>Last</i>	<i>First</i>	<i>Middle</i>

NEW OWNER and/or NEW MAILING ADDRESS

ALL MUNICIPAL CHARGES FOR THE ABOVE PARCEL SHALL BE MAILED TO THE FOLLOWING PERSON AND ADDRESS:

Please note: Property tax bills AND trash fee bills can only be sent to ONE address

NEW OWNER or responsible party			
	<i>Last</i>	<i>First</i>	<i>Middle</i>

MAILING STREET ADDRESS			
	<i>Street Number</i>	<i>Street Name</i>	<i>Unit</i>

CITY STATE ZIP CODE			
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

CONTACT PHONE		
	<i>Day</i>	<i>Evening</i>

E MAIL ADDRESS	
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NEW OWNER	NO <input type="checkbox"/>	YES <input type="checkbox"/>	PURCHASE DATE			
				<i>Month</i>	<i>Day</i>	<i>Year</i>

OWNER OCCUPIED	NO <input type="checkbox"/>	YES <input type="checkbox"/>
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I hereby certify to the City of Springfield that the above address is the proper legal mailing to receive all bills, notices and other correspondence from the City of Springfield MA as it relates to the above parcel of land and or building..

SIGNATURE
(request cannot be processed without a signature)

Date
Subscribed this day under the pains and penalties of perjury

PLEASE COMPLETE THIS FORM IN IT'S ENTIRETY AND RETURN TO:

**SPRINGFIELD ASSESSORS OFFICE / RECORDS DIVISION
36 COURT STREET SPRINGFIELD MASSACHUSETTS 01103**