Print Form

# OFFICE OF THE BOARD OF ASSESSORS

CITY OF SPRINGFIELD
36 COURT STREET SPRINGFIELD, MA 01103
Telephone 413-787-6164
Fax 413-787-7721
www.springfield-ma.gov

**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

## FOR REAL ESTATE TAX AND TRASH FEE BILLS MAILINGS

**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 EACH PARCEL MUST HAVE IT'S OWN FORM**

| **PARCEL IDENTIFICATION** *A 9 digit number from the tax bill known as Parcel ID* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|

**LOCATION OF PROPERTY** | **UNIT/LOT**

**ASSESSED OWNER OF RECORD from tax bill**

*Last* | *First* | *Middle*

## 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

*Last* | *First* | *Middle*

**MAILING STREET ADDRESS**
***Post Office Box not accepted***

*Street Number* | *Street Name* | *Unit*

**CITY STATE ZIP CODE**

*City* | *State* | *ZIP Code*

**CONTACT PHONE**

*Day* | *Evening*

**NEW OWNER** NO ☐ YES ☐ PURCHASE DATE Dec. Month Day Year

**OWNER OCCUPIED** NO ☐ YES ☐

***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**