TOWN OF HANOVER
ASSESSORS' OFFICE
NOTICE OF MAILING ADDRESS CHANGE
PLEASE PRINT

In order to update our records, please complete the following Change of Address Request Form

Date:		
Property Address:		
Date Purchased (if new owner):		
Former Owner:		
New Owner:		
Date Moved:		
New Mailing (Street) Address:		
City:	State:	Zip Code:
Requested by:		
Telephone #:	Home	Work

Signature (owner or authorized agent):_____

This form is not acceptable without a signature, and the signature must be from an owner or an authorized agent. If you have any questions, please contact the Assessors' Office at 781-826-6401.

Please return completed form to: Assessors' Office:

Town of Hanover
550 Hanover Street
Hanover, MA 02339
Fax (781) 826-5239

FOR OFFICE USE ONLY

R E Parcel ID# _____

P P Parcel ID# _____

Boat Acct. # _____