



**CITY OF CHELSEA, MA**  
**Assessor's Office**

---

City Hall, 500 Broadway, Room 211-212 · Chelsea, MA 02150  
Phone: 617.466.4010 · Fax: 617.466.4019 · Email: [assessing@chelseama.gov](mailto:assessing@chelseama.gov)

## **CHANGE OF ADDRESS FORM**

<b>PLEASE COMPLETE BOTH SIDES</b>
-----------------------------------

**MAP & PARCEL:** \_\_\_\_\_

**PROPERTY LOCATION:** \_\_\_\_\_

Please change the mailing address of the above real estate for tax billing purposes as follows:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**This change of address form has been signed by the owner of the property. Subscribed under the pains and penalties of perjury.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

---

**OFFICE USE ONLY:**    **CHANGED BY:** \_\_\_\_\_ **CHANGED DATE:** \_\_\_\_\_



CITY OF CHELSEA, MA  
Department of Central Billing & Research

---

City Hall, 500 Broadway, Room 213 · Chelsea, MA 02150  
Phone: 617.466.4041 · Fax: 617.466.4049 ·

## CUSTOMER SERVICE AND COLLECTIONS CHANGE OF ADDRESS FORM

**PLEASE COMPLETE BOTH SIDES**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ Book \_\_\_\_\_

THIS IS TO REQUEST A CHANGE FOR WATER/SEWER AND TRASH FOR THE CITY OF CHELSEA

Property Address: \_\_\_\_\_

Previous Owners: \_\_\_\_\_

New Owners (**print name**): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Signature Of New Owners:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

IS THE ABOVE PROPERTY OWNER OCCUPIED? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*New owners who are owner occupied may qualify for trash exemption. For more information please contact Central Billing and Research Department at (617) 466-4041**

---

**To be completed by the Central Billing and Research Department**

Authorized By: \_\_\_\_\_ Input in Billing: \_\_\_\_\_ Input in Star: \_\_\_\_\_ Date: \_\_\_\_\_