

TOWN OF CHILMARK  
OFFICE OF THE TAX COLLECTOR  
P.O. BOX 119  
CHILMARK, MA 02535  
508-645-2108

Fax: (508) 645-2110

ADDRESS CHANGE FORM

Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

Assessors Parcel ID#: \_\_\_\_\_

Other (Real Estate, Personal Property, Boat Excise): \_\_\_\_\_

Please print your old and new mailing addresses in the spaces provided  
Below.

Previous address: \_\_\_\_\_

New address: \_\_\_\_\_

To authorize this change, please sign this form in the space indicated below:

\_\_\_\_\_  
(Signature)

Please be advised that all mail regarding this property will be sent to the new address.  
If you wish to have your address changed to an "in care of" address, please read,  
complete and sign, the reverse side of this form.

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ADDENDUM TO ADDRESS CHANGE FORM

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

Assessors Parcel Identification Number: Map \_\_\_\_\_, Parcel \_\_\_\_\_

As the owner(s) of real property in the Town of Chilmark, I/we do hereby direct the Tax Collector to send all tax bills and other notices regarding this property in care of the individual or firm listed below. I/we understand that this request may impact our rights as a property owner(s). Tax Bills, notices regarding our assessment and notices to abutters for public hearings may never reach us or may not be forwarded in a timely fashion. With full knowledge of the circumstances surrounding such a request, I/we still request that the address of record for this property be changed to the "c/o" address listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner(s) \_\_\_\_\_  
\_\_\_\_\_