

TOWN OF DANVERS
ASSESSING DEPARTMENT



CHANGE OF TAXPAYER ADDRESS FORM

Please complete all of the sections that apply to you, print clearly, and sign.

Date of Request: _____, 20____

Type of Change: New Address change of address

Change in Address:

Owner's Name: _____

*** IF PROPERTY IS HELD IN A TRUST OR CORPORATION, PROOF OF AUTHORITY TO ACT ON BEHALF OF THE ENTITY MAY BE REQUESTED.**

Subject Property Address: _____

Mailing Address (if different): _____

Print Name: _____

Signature: _____

Telephone Number (____) _____

Please return this form to the Assessor's Office
Danvers Town Hall, 1 Sylvan Street, Danvers, MA 01923
Or via email to Corrie Sanders www.csanders@danversma.gov