



## CHANGE OF ADDRESS FORM

**Property Location:**

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**Owners' Name:**

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**New Mailing Address:**

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**Signature of Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return to: Lunenburg Town Hall  
Attn: Assessors Department  
17 Main St PO Box 135  
Lunenburg, MA 01462**

**Email: [Assessors@lunenburgma.gov](mailto:Assessors@lunenburgma.gov)**