

**City of Lynn
Board of Assessors
3 City Hall Sq. - Room 202
Lynn, MA 01901**

Change of Mailing Address Request

Date: _____

Parcel ID/Personal Property Account No.: _____

Property Address: _____

Current Owner Name: _____

New Owner: Yes _____ No: _____

If Yes, Date Purchased/Acquired Title: _____

New Mailing Address:

C/O (if needed): _____

Street: _____

City: _____ State: _____ Zip: _____

Completed by: _____
(if other than current owner)

Phone Number: _____

Signature: _____

Please complete the requested information and return to address listed above. You may also fax the completed form to 781-477-7160.