



**BOARD OF ASSESSORS  
TOWN OF WILBRAHAM**  
240 Springfield Street  
Wilbraham MA 01095  
Phone: (413) 596-2800 Ext. 209  
Fax: (413) 596-2820  
Christopher Keefe, Principal Assessor, RMA

**REQUEST TO CHANGE MAIL ADDRESS**

Date \_\_\_\_\_

I, \_\_\_\_\_ as owner of record for property located

at \_\_\_\_\_ Parcel ID: \_\_\_\_\_ do hereby wish to change my  
(PROPERTY LOCATION IN WILBRAHAM)

mailing address for the following bills:

\_\_\_\_\_ Real Estate Tax / Water & Sewer

\_\_\_\_\_ Personal Property for Account # \_\_\_\_\_

My new mailing address is:

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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Telephone #**

\_\_\_\_\_  
**Signature**

My signature acknowledges that address changes typically require one full billing cycle to complete and it remains my responsibility to pay all bills timely.

**OTHER IMPORTANT INFORMATION**

**REAL ESTATE - Ownership** cannot be changed unless accompanied by a recorded deed or other recorded documentation.

**EXCISE** - Must be changed at the Registry of Motor Vehicles.

**Document Required:**     Photo ID     Death Certificate     Recorded Trust/Trustee Certificate     POA