



REAL ESTATE & WATER BILLING CHANGE OF MAILING ADDRESS REQUEST

Office of the Board of Assessors
City Hall • 375 Merrimack Street • Lowell, MA 01852
P: 978.674.4200 • F: 978.970.4205
www.Lowellma.gov

IN ORDER FOR THE ASSESSORS OFFICE TO ENSURE REAL ESTATE & WATER/SEWER/TRASH BILLS REACH YOU, AS THE RECORD OWNER OR YOUR AUTHORIZED AGENT, PLEASE COMPLETE AND SIGN THIS FORM

Ellen M. Brideau, MAA
Chief Assessor
Ryan E. Rondeau, MAA
Deputy Chief Assessor
Amy Lombardo
Assessor

1. LOCATION OF THE PROPERTY IN LOWELL:

Street No. Street Address Unit #

2. THE NAME AND ADDRESS YOU WANT THE REAL ESTATE BILL SENT:

Name			
Address			
City, Town		State	Zip Code

3. THE NAME AND ADDRESS YOU WANT THE WATER BILL SENT (if different):

Name			
Address			
City, Town		State	Zip Code

4. ARE YOU THE *CURRENT* OWNER (S) OF THE PROPERTY? YES _____ NO _____

5. ARE YOU THE *NEW* OWNER (S) OF THE PROPERTY? YES _____ NO _____

DATE OF PURCHASE _____ PREVIOUS OWNER _____

6. IF NOT THE OWNER, PLEASE STATE YOUR INTEREST IN THE PROPERTY: _____

DATE: _____ EMAIL: _____

TEL: _____ CELL: _____

Signature of Owner/Authorized Representative

Please Print Name

Please Note: Requested changes to your account may result in the need to re-register your account online.
INCOMPLETE FORMS WILL NOT BE PROCESSED. IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO CONTACT THE
TREASURERS OFFICE IF TAX BILL IS NOT RECEIVED.

**AFFIDAVIT PURSUANT TO
MASS GL CH. 59, SEC. 57D**

TO: City of Lowell Board of Assessors

RE: _____
(Address of Assessed Property in Lowell)

1. Name of record owner(s) of the above-referenced assessed property: _____
2. Complete address of record owner(s) NOT POST OFFICE BOX: _____
3. Telephone number of record owner (optional): Home _____ Cell _____
4. Mailing address of record owner(s) if different from the street address provided above: _____
5. Email Address (optional): _____

6. If residence of record owner(s) is located outside the commonwealth of Massachusetts the following Massachusetts resident is appointed as resident agent:

Name: _____ Telephone No: _____

Address: _____

I/We, the record owners of the above referenced assessed property understand the following:

- A. Post office address of record owner(s) and/or resident agent shall not be given or accepted in compliance with Ch. 59, Sec 57D.
- B. Any change of address record owner(s) or resident agent requires a new affidavit to be filed immediately with the Board of Assessors.
- C. Failure to comply with said section result in a fine as provided in said section.
- D. A copy of MGL Ch. 59, Sec. 57D is available for inspection in the Office of the Board of Assessors.
- E. Said section (MGL Ch. 59, Sec. 57D) was accepted by Vote of the City Council of the City of Lowell on February 6, 1996.
- F. If the record owner is a trust, the full name of the trust, date of the trust, name(s) of the trustees and the street address of trustees shall be set forth in this affidavit in Paragraph 1 & 2 above.
- G. This affidavit shall be signed by the record owner(s) under the pains and penalties of perjury in accordance with MGL Ch. 268A, Sec. 1A.
- H. This affidavit shall be mailed to or filed with the Board of Assessors of the City of Lowell forthwith.

This affidavit is signed under the pains and penalties of perjury this date: _____ 20_____.

Signature of Record Owner _____