



TOWN OF DENNIS
685 Route 134, South Dennis, MA 02660
Telephone: (508) 760-6139 Fax: (508) 394-8309

MAILING ADDRESS CHANGE / VERIFICATION FORM

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ASSESSOR'S OFFICE.

TO PROCESS A CHANGE OF MAILING ADDRESS, a signed version of this form must be submitted. An e-mail version is acceptable: (E-Mail to: asmith@town.dennis.ma.us)

A TAXPAYER IS RESPONSIBLE FOR NOTIFYING THE ASSESSOR'S OFFICE OF A CHANGE IN MAILING ADDRESS. IF A BILL IS NOT RECEIVED, THE TAXPAYER REMAINS RESPONSIBLE FOR ITS PAYMENT AND ANY INTEREST AND/OR LATE CHARGES (MGL CH 60 §3).

Please review the following.
Check (✓) the box (or boxes) below that apply to your situation.
This property is: (check all that apply)

- my primary residence (I am on the Dennis Census/I am registered to vote in Dennis/
I receive Motor Vehicle Excise tax from Dennis)
- my second home
- a furnished rental property
- Vacant Land
- Other, Describe: _____
- Business Personal Property
- an unfurnished rental property
- Commercial/Industrial Property

PROPERTY LOCATION: _____

OWNER'S NAME: _____

MAP/BLOCK/LOT: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PLEASE NOTE:

This form is for Real Estate & Personal Property **ONLY.**

Motor Vehicle Excise matters are handled through the *Registry of Motor Vehicles.*

Subscribed this day under the penalties of perjury,

OWNER'S SIGNATURE: _____ DATE: _____

This form must be signed by the owner(s)/or Trustee(s) as shown on the recorded deed (owner of record)

This will change the billing address on Real Estate and/or Personal Property bill(s) only. Please contact the Massachusetts RMV (for motor vehicle) and/or Massachusetts Environmental Police (for boat) to update changes to the billing address with them.

Phone Number (for questions only – we do not keep phone #s) _____