

TOWN OF WEST TISBURY  
OFFICE OF THE TAX COLLECTOR  
PO BOX 3000 PMB 3153  
WEST TISBURY, MA 02568

FAX: (508) 696-0103

ADDRESS CHANGE FORM

Owner Name: \_\_\_\_\_, Date: \_\_\_\_\_

Parcel ID: \_\_\_\_\_, Property Street Address: \_\_\_\_\_

Please print your old and new/correct mailing address in the spaces provided below so that we may update our records.

Previous Address:

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

New Address:

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

To authorize this change, please sign this form in the space indicated below:

Owner(s) Signature: \_\_\_\_\_, Date: \_\_\_\_\_

\_\_\_\_\_, Date: \_\_\_\_\_

Please be advised that all mail regarding this property will be sent to the new address. If you wish to have your address changed to an "In Care Of", address please sign and complete the other side of this form.

ADDENDUM TO ADDRESS CHANGE FORM

Owner Name: \_\_\_\_\_, Date: \_\_\_\_\_

Parcel ID: \_\_\_\_\_, Property Street Address: \_\_\_\_\_

As the owner of real property in the Town of West Tisbury, I/we do hereby direct the Tax Collector to send all bills and notices regarding this property to the "In Care Of" address listed below. I/we understand that this request may impact our rights as a property owner. Tax bills, notices regarding our assessment and notices of public hearings may never reach us or may not reach us in a timely manner. With full knowledge of the circumstances surrounding such a request, I/we still request that the mailing address for this property be changed to the "In Care Of", address listed below.

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

Owner(s) Signature: \_\_\_\_\_, Date: \_\_\_\_\_

\_\_\_\_\_, Date: \_\_\_\_\_