

TOWN OF LINCOLN
BOARD OF ASSESSORS

REQUEST FOR CHANGE OF MAILING ADDRESS

Real Estate____ Personal Property____ Water ____

Date of Change Request_____

Name_____

Property Address_____

Former Mailing Address_____

New Mailing Address_____

Signature _____

Please fill out, sign and return to:

Assessors Office
16 Lincoln Rd.
Lincoln, MA 01773