

**TOWN OF WEST STOCKBRIDGE
ASSESSOR'S OFFICE
21 STATE LINE ROAD
WEST STOCKBRIDGE, MA 01266**

**REQUEST FOR MAILING ADDRESS
CHANGE/CORRECTION**

PROPERTY LOCATION: _____

MAP/BLOCK/LOT: _____

PROPERTY OWNERS: _____

CURRENT MAILING ADDRESS: _____

NEW MAILING ADDRESS:

STREET: _____

CITY: _____

STATE, ZIP CODE: _____

DATE EFFECTIVE: _____

HOMEOWNER SIGNATURE: _____

DATE RECEIVED AND ENTERED: _____

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ASSESSOR'S
OFFICE FOR PROCESSING. THANK YOU!**