

**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!**