



**Town of Groton, Massachusetts
Board of Assessors**

Mailing Address Change Form

Date: _____

Owner Name: _____

Your Name: _____ **Relationship:** _____

Contact Phone Number: _____

Property Location: _____

New Mailing Address:

Street: _____

City / State / Zip: _____

Owner's Signature: _____

<p>For Assessor's Use Only:</p> <p>Received Date:</p> <p>Entered:</p> <p>Sign:</p>
--

Please send Mailing Address Change Form to:
Town of Groton, MA
Assessor's Office
173 Main Street
Groton, MA 01450
assessors@grotonma.gov