



**Town of Stoneham  
Massachusetts**

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**Assessing Department**

### **Change of Address Request**

**Parcel ID of Property:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Previous Mailing Address**

**New Mailing Address**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Owner :** \_\_\_\_\_

**Owner's Signature :** \_\_\_\_\_

**Telephone Number :** \_\_\_\_\_

**This form may be faxed to the Stoneham Assessors office at (781) 279-2642 or mailed to 35 Central Street, Stoneham, MA 02180.**

Disclaimer: The Town of Stoneham refreshes our tax billing data twice a year. Depending on when this form is submitted within that printing cycle, it may take up to 6 months for the changes to take effect. The property owner must make arrangements for the receipt of their tax bills until the mailing address change can take effect.

Date Changed \_\_\_\_\_

Changed by \_\_\_\_\_