



# TOWN OF MASHPEE

## ASSESSING DEPARTMENT

16 Great Neck Rd North, Mashpee MA 02649

Joseph Gibbons, MAA  
Director of Assessing

### Important!

**Please complete this Address Confirmation/Change Form with the information below. Sign and return to the Assessing Dept.**

Our office would like to ensure that we have your correct mailing address. It is vital that the Assessors have your proper mailing address to ensure that you receive your tax bills timely.

In order for the Assessing Department to change your address of record we will need this signed confirmation of your correct mailing address.

**Please circle appropriate answer below:**

1. (A) Is this property your 2<sup>nd</sup> home? **Yes / No**

(B) Is this a rental property? **Yes / No** Year-Round Rental? **Yes / No**

(C) If a rental, are you renting it furnished? **Yes / No / NA**

2. If not a rental, what date did this property become your primary residence? \_\_\_\_\_

Property's Street Address: \_\_\_\_\_ (Please Print)

Parcel ID Number (from tax bill): \_\_\_\_\_

Phone: \_\_\_\_\_

**Owner's Tax Bill Mailing Address:** (Please Print)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street / P.O. BOX)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

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

Date: \_\_\_\_\_

***This form must be signed by the owner/or Trustee as shown on the recorded deed.***

Logged Into Pk? \_\_\_\_\_ By: \_\_\_\_\_