



REAL ESTATE/WATER CHANGE OF ADDRESS AND/ OR OWNER FORM

Please complete the information below, IN FULL, if you are requesting a change of information as it appears on your tax bill.

1. Old Owner(s) (Print)_____

2. Property Address (Print)_____

3. Bill Number(s)_____

Please include the Bill Number of each parcel of property you want changed

4. New Owner(s) Print)_____

First Name

Last Name

5. Mailing Address of Owner(s)
(Print)_____

If different from property address

7. Date of Sale _____

6. Signature_____ Tel. No. _____

Owner of Record Only

Mail To:
Office of the Tax Collector
Town of Fairhaven
40 Center Street
Fairhaven, MA 02719