

Dear Town of Williamsburg Property Owner:

Please complete **both sides** of the following affidavit and return to the Assessors Office, PO Box 447, Haydenville, MA 01039 within 30 days. If you have any questions, please call (413) 268-8403. Tuesday 9-12. Thank you.

WILLIAMSBURG BOARD OF ASSESSORS

TO: Board of Assessors

RE: \_\_\_\_\_  
(Address of Assessed Property)

The record title owner(s) of the above-referenced assessed property submit this Affidavit, under the pains and penalties of perjury, with the following information:

1. Name of record owner(s) of above-referenced assessed property: \_\_\_\_\_
2. Complete street address of record owner(s) (**NOT POST OFFICE BOX**)

No.	Street	City/Town	State	Zip
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3. Telephone number of record owner(s): Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

4. Mailing address of record owner(s), if different from street address provided above:

No.	Street	City/Town	State	Zip
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5. If residence of record owner(s) is located outside the Commonwealth of Massachusetts the following Massachusetts resident is appointed as resident agent:

Name: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Address: \_\_\_\_\_  

No.	Street	City/Town	State	Zip
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This affidavit is signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Record Owner

\_\_\_\_\_  
Record Owner

OVER

**REAL ESTATE & WATER BILLING CHANGE OF MAILING ADDRESS REQUEST**

IN ORDER FOR THE ASSESSORS OFFICE TO ENSURE REAL ESTATE & WATER/SEWER BILLS REACH YOU, AS THE RECORD OWNER OR YOUR AUTHORIZED AGENT, PLEASE COMPLETE AND SIGN THIS FORM.

**1. LOCATION OF THE PROPERTY:**

Street No.	Street Address	Unit #	Zip Code
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**2. THE NAME AND ADDRESS YOU WANT THE REAL ESTATE BILL SENT:**

Name

Address

City, Town

State

Zip Code

**3. THE NAME AND ADDRESS YOU WANT THE WATER BILL SENT (if different):**

Name

Address

City, Town

State

Zip Code

**4. ARE YOU THE *CURRENT* OWNER (S) OF THE PROPERTY?** YES \_\_\_\_\_ NO \_\_\_\_\_**5. ARE YOU THE *NEW* OWNER (S) OF THE PROPERTY?** YES \_\_\_\_\_ NO \_\_\_\_\_

DATE OF PURCHASE \_\_\_\_\_ PREVIOUS OWNER \_\_\_\_\_

**6. IF NOT THE OWNER, PLEASE STATE YOUR INTEREST IN THE PROPERTY:** \_\_\_\_\_

DATE \_\_\_\_\_ Email: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Authorized Representative\_\_\_\_\_  
Please Print Name

MAIL COMPLETED FORM TO:

**ASSESSORS OFFICE, PO BOX 447, HAYDENVILLE, MA 01039**

INCOMPLETE FORMS WILL NOT BE PROCESSED.

IT IS THE RESPONSIBILITY OF THE TAXPAYER TO CONTACT THE TREASURERS OFFICE IF TAX BILL IS NOT RECEIVED.

The Assessor's office is available to answer questions regarding this information Tuesday 9-12 (413)268-8403

Faxed copies (both sides) are accepted (413)268-8409