

TOWN OF PLYMPTON

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Board of Assessors

REQUEST CHANGE OF MAILING ADDRESS FORM

LOCATION OF PROPERTY:		_
PREVIOUS MAILING ADDRESS:		_
NEW MAILING ADDRESS:		
OWNER OF RECORD (Please Print)	-
SIGNATURE OF OWNER:		<u> </u>
DATE OF CHANGE:		
For Assessors Use Only:		
Map Block RE changed in billing PP changed if applicable Date Changed Initials		