



**Town of Wayland**  
41 COCHITUATE ROAD  
WAYLAND MASSACHUSETTS 01778

[www.wayland.ma.us](http://www.wayland.ma.us) / [assessors@wayland.ma.us](mailto:assessors@wayland.ma.us) / 508-358-3788

**OFFICE STAFF**

Tamara Keith, Assistant Assessor  
Rob Leroux, MAA, Director of Assessing

**BOARD OF ASSESSORS**

Zachariah L Ventress, Chair  
Philip Parks, Vice Chair  
Sharon Burke, Secretary  
Massimo Taurisano, Member  
Steven Klitgord, Member

**OFFICE OF THE ASSESSOR  
CHANGE OF ADDRESS REQUEST FORM**

**PLEASE NOTE**

ALL REQUESTS MUST BE SUBMITTED ON THIS FORM.  
ALL FORMS MUST BE SIGNED AND DATED.

\* Property Owner (Print): \_\_\_\_\_

Property Location: \_\_\_\_\_

Parcel ID (Map / Lot): \_\_\_\_\_ Tax Bill / Account #: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

\* If a new Owner, state law requires that the Owner of Record as of January 1 calendar year remain on the real estate tax bill for the entire fiscal year that follows (July 1 calendar year until June 30 of the following calendar year).

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**PERSON REQUESTING CHANGE OF ADDRESS**

Requester's Name (Print): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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

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**ASSESSORS' USE ONLY**

Signature: \_\_\_\_\_ Action Date: \_\_\_\_\_