



**Town of Carlisle
Board of Assessors**

Assessing Department

Change of Address Request

Parcel ID of Property: _____

Location of Property: _____

Previous Mailing Address

New Mailing Address

Name of Owner : _____

Owner's Signature : _____

Telephone Number : _____

**This form may be emailed to the Carlisle Assessors office at
assessor@carlislema.gov or mailed to 66 Westford Street, Carlisle, MA 01741.**

Date Changed _____

Changed by _____