

OFFICE OF THE  
BOARD OF ASSESSORS

Peter E. Moran, Chairperson  
Marion A. Fantucchio, MAA  
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## City of Quincy

**PLEASE PRINT**

**ADDRESS CHANGE:**

**LOCATION OF PROPERTY:**

\_\_\_\_\_

**UNIT #** \_\_\_\_\_

**NEW ADDRESS (IF NEW OWNER FILL OUT C/O INFORMATION):**

**C/O** \_\_\_\_\_

\_\_\_\_\_ **UNIT#** \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**SIGNATURE OF OWNER** \_\_\_\_\_

**DATE** \_\_\_\_\_

[ ] **CHECK HERE IF INFORMATION SHOULD BE SUPPLIED TO THE  
WATER OFFICE**

**\*\* COPY OF PHOTO ID REQUIRED**