

OFFICE OF THE
BOARD OF ASSESSORS

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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**