



# Town of Lakeville

## CHANGE OF ADDRESS FORM

346 Bedford Street  
Lakeville, MA 02347  
Tel. (508)946-8800

Received By:

### Change of Address form for Lakeville Residents moving within Lakeville

*All fields required*

Owner(s) Name:	
<b>New Residential Address:</b>	
Current Mailing Address: <i>(if different from above)</i>	
<b>Previous Residential Address:</b>	
Telephone Number:	
Email Address:	

Please change (check which department to apply the change)

- Assessors                       Building Department                       Council on Aging  
 Board of Health                       Selectmen's Office                       Town Clerk  
 Treasurer/Collector

*\*Please note, some departments will require additional documentation in order to process your request. The individual departments will reach out via mail, e-mail or telephone if additional paperwork is necessary.*

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

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