



Town of Lexington
Assessor's Office
(781)698-4578
TAO@lexingtonma.gov

BILLING ADDRESS CHANGE/NAME CHANGE FORM
MUST BE LEGAL OWNER OF RECORD

PARCEL ID # _____

PROPERTY LOCATION _____

NEW ADDRESS/NAME _____

SIGNATURE _____ DATE _____

PRINTED NAME _____

TELEPHONE NUMBER _____

Please fill out a separate "Change of Address" form for each property. Thank you.

Office Use Only

Form of Identification	Verified by:	Changed on Vision by	Date of Change

RETURN FORM TO:

Board of Assessors, 1625 Massachusetts Ave., Lexington, MA 02420