

CITY OF CHELSEA, MA Department *of* Central Billing & Research

City Hall, 500 Broadway, Room 213· Chelsea, MA 02150 Phone: 617.466-4041 · Fax: 617.466-4049

CHANGE OF ADDRESS FORM

Date:	Account Nu	ımber:	Book	
THIS IS TO REQUEST		ORRECT ADDRESS HE CITY OF CHELSI		AND TRASH
Property Address:				_
Previous Owners:				_
New Owners (print name	e):			
Mailing Address:				
Signature of New Own	ners <u>:</u>			
Telephone Number:				
E-Mail Address				
IS THE ABOVE PROPERT	TY OWNER OCCUI	PIED? Yes	No	
New owners who are owner occupied may <u>qualify</u> for trash exemption. For more information please contact Central Billing and Research Department at (617) 466-4041.				
To be completed by the Central Billing and Research Department				
Authorized By: In	nput in Billing:	Input in Star:	Date:	