

CITY OF NEW BEDFORD
ASSESSING DEPARTMENT

PERSONAL PROPERTY INFORMATION CHANGE NOTICE

DATE: _____

ACCT#: _____ **501** _____ **502** _____

OWNERS NAME: _____

BUSINESS NAME: _____

LOCATION: _____

STATUS OF ACCOUNT:

_____ **CLOSED** _____ **MOVED** **DATE:** ____ / ____ / ____

_____ **NEW LOCATION:** _____

_____ **MAILING ADDRESS:** _____
CITY: **STATE:** **ZIP:**

EXPLANATION / NOTES:

***NAME OF PERSON PROVIDING INFO:** _____

CONTACT PHONE # () -

AUTHORIZED SIGNATURE: _____

Office use only:

IN PERSON: _____ **BY PHONE:** _____ **MAIL:** _____ **OTHER:** _____