



# AFFIDAVIT OF ADDRESS

On October 25, 2011, the Fall River City Council voted to accept the provisions of MGL Ch. 59, § 57D requiring an affidavit of address (mailing address) from all property owners within the City of Fall River. Please complete the following affidavit and return to the Fall River Assessors Office, One Government Center, Fall River, MA 02722 within 30 days, as required by law. If you have any questions, please call (508) 324-2300 9:00 AM – 5:00 PM daily. Thank you.

FALL RIVER BOARD OF ASSESSORS

## AFFIDAVIT PURSUANT TO MASS. G.L. C. 59 SEC. 57D

To: City of Fall River Board of Assessors

RE: \_\_\_\_\_  
(Address of Assessed Property) (Parcel ID# of Assessed Property)

**If the owner's name & address as shown on your FY2017 Real Estate Tax Bill is correct please check this box and complete the form on the reverse side, otherwise please complete both sides of this form.**

The record title owner(s) of the above-referenced assessed property submit(s) this Affidavit, under the pains and penalties of perjury, with the following information:

1. Name of record owner(s) of above-referenced assessed property:

\_\_\_\_\_

2. Complete street address of record owner(s) (**NOT POST OFFICE BOX**)

\_\_\_\_\_  
No. Street City/Town State Zip

3. Mailing address of record owner(s), if different from street address provided above:

\_\_\_\_\_  
No. Street City/Town State Zip

4. If residence of record owner(s) is located outside the Commonwealth of Massachusetts the following Massachusetts resident is appointed as resident agent:

Name: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

\_\_\_\_\_  
No. Street City/Town State Zip

**Please complete the reverse side of this form**

I / We, the record owner(s) of the above referenced assessed property understand the following:

1. Post office address of record owner(s) and/or resident agent shall not be used and will not be accepted in compliance with Ch. 59, Sec. 57D;
2. Any change of address of record owner(s) or resident agent requires a new affidavit to be filed immediately with the Board of Assessors;
3. If the record owner is a trust, the full name of the trust, date of the trust, names(s) of the trustees and street address (NOT PO BOX) of trustees shall be set forth in this affidavit in Paragraphs 1 & 2 on the reverse side;
4. Failure to comply with said section shall result in a fine as provided in Ch. 59, Sec. 57D;
5. This affidavit shall be signed by the record owner(s) under the pains and penalties of perjury in accordance with MGL Ch. 268, Sec. 1A;
6. A copy of MGL Ch. 59, Sec. 57D is available for inspection in the Office of the Board of Assessors for the City of Fall River, One Government Center, Fall River, MA or online at [www.fallriverma.org](http://www.fallriverma.org);
7. This affidavit shall be mailed to or filed with the Board of Assessors for the City of Fall River, One Government Center, Fall River, MA 02723 within thirty days, as required by law.
8. Once completed, the information provided by taxpayers on this Affidavit shall not be a public record and shall be used by the city or town only for either the mailing of legal notices or to contact property owners for other municipal purposes. In no event shall any information provided pursuant to this section be sold, distributed or copied to any individual or organization in any form.

This affidavit is signed under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Record Owner

\_\_\_\_\_  
Signature of Record Owner

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
e-mail Address