



OFFICE OF THE TREASURER COLLECTOR
TOWN OF DUNSTABLE
511 MAIN STREET P.O. BOX 264
DUNSTABLE, MA 01827-1313
(978) 649-4514 x228

CHANGE OF ADDRESS FORM
Employees

Employee Name: _____

Mailing Address on record: _____

City: _____ State: _____ Zip Code: _____

NEW Mailing Address: _____

City: _____ State: _____ Zip Code: _____

c/o Name and address: _____

City: _____ State: _____ Zip Code: _____

I, the employee on record, consent to have my mail from the Town of Dunstable sent to the new mailing address as indicated.
If changing to "Care of", attach the legal document (Power of Attorney, Will, Probate Doc, etc).

Signature

Date

Email/ Return form to the Treasurer Collector at ecatton@dunstable-ma.gov .