



# TOWN OF BERKLEY

## MASSACHUSETTS

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OFFICE OF THE  
TREASURER

### INFORMATION CHANGE FORM

*Please complete any section below that applies and return the completed form to the Treasurer's office*

#### **NAME CHANGE**

FORMER NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

REASON FOR CHANGE: \_\_\_\_\_

#### **ADDRESS CHANGE**

FORMER ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE