

MOTOR VEHICLE EXCISE  
CHANGE OF ADDRESS FORM



Board of Assessors  
City of Springfield, Massachusetts  
(413) 787-6160  
(413) 787-7721 (FAX)

Complete this form and mail it in an envelope to the following address:

**Board of Assessors  
36 Court St. Rm 9  
Springfield, MA 01103  
Or fax 413-787-7721**

**(Please Print)**

Driver's license number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List all plate numbers registered to you at this address: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street no. /street name/apartment no. and box no.

\_\_\_\_\_  
Town or City ZIP code

Mailing address: \_\_\_\_\_  
(If different from above) Street no. /street name/apartment no. and box no.

\_\_\_\_\_  
Town or City ZIP code

If you want your change of address to affect your license, you **must** submit a **Change of Address** Form to the Massachusetts Registry of Motor Vehicles (1-800-858-3926) or visit your nearest Registry Office or License Express location.

Si desea que su cambio de domicilio a afectar su licencia, debe presentar un formulario de cambio de dirección en el Registro de Vehículos Motorizados de Massachusetts (1-800-858-3926) o visite la Oficina de Registro más cercano o ubicación Licencia Express.