

The Commonwealth of Massachusetts
Registry of Motor Vehicles
25 Newport Avenue Ext., Quincy, MA 02171
WWW.MASSRMV.COM

DATA CORRECTIONS DEPARTMENT
ASSESSOR - COLLECTOR REPORT OF RECORD CHANGE
TO REGISTRY OF MOTOR VEHICLES

Mail:
P. O. Box 55889
Boston, MA 02205-5889

CITY/TOWN _____

Registration No. _____

DATE _____

Owner _____

Address _____

Attach a copy
(or Photo Copy)
of tax bill in Question

OR

Complete
Information
Items on
right



Year, Make of Vehicle _____

Vehicle Ident. No. _____

Information has been received to our satisfaction that the following changes should be made in the motor vehicle excise record

1. () Massachusetts plate returned - Date _____
(Please supply photo copy of receipt from Registry of Motor Vehicles)
2. () Massachusetts plates surrendered - Date _____
(Please supply photo copy or affidavit explaining where and how surrendered)
3. () Vehicle sold - Date _____
(Please supply photo copy of bill of sale.)
4. () Vehicle removed from Massachusetts - Date _____
(Please supply photo copy of new registration)
5. () Correct residential address _____
(If different from address shown on your excise tax bill)
6. () Correct Mailing address _____
(Fill in only if different from #5)
7. () Correct place of garaging _____
(Fill in only if different from #5)
8. () Correct Valuation _____
(In order to correct the valuation, please indicate the source of the valuation e.g. NADA, Branham, truck Book, Motorcycle Book etc.)
9. () Other _____

THIS FORM APPROVED BY THE DEPARTMENT OF REVENUE

PLEASE NOTE: If the information above is not supplied the computer records cannot be changed.

Signed _____

Authorized signature
Assessors/collector

Phone _____