



Charles D. Baker, Governor
Karyn E. Polito, Lieutenant Governor
Stephanie Pollack, Secretary & CEO
Celia J. Blue, Registrar



Attachment D - MREP Personal Contact Information Change Form

Effective as of _____ please change my address to the following:
month / day / year

Name: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

FAX: _____

E-mail: _____

Please mail or fax this form to: _____

Registry of Motor Vehicles

Program Coordinator - MREP

165 Liberty Street

Springfield, MA. 01103

FAX 1-413-736-9873

E-mail: MREP@.State.MA.US

NOTE: You must also notify the MSF of this address change.