REQUEST FOR CHANGE OF MAILING ADDRESS ON REAL ESTATE RECORDS

Date: _____

Property Location:_____

New mailing address for assessment and collections:

_____

_____

_____

Owner's Name(s):

_____

Signature of Owner(s) or Agent*:

_____

*If Agent, must attached copy of document that grants authorization to act on the owner's behalf.

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CHANGES FOR MOTOR VEHICLES MUST BE MADE THROUGH DMV

VISIT CT.GOV/DMV FOR INFORMATION