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LOT:

UNIT NO.

REAL ESTATE ONLY

CHANGE OF ADDRESS REQUEST FORM

DATE:	PHONE NO:	
PREVIOUS MAILING ADDRESS:		And the second s
NEW MAILING ADDRESS:		
TILL WITH HELD (CARE LEED)		
PROPERTY LOCATION:		
OWNER'S NAME:		
OWNER'S SIGNATURE:		

Please return to: Assessor's Office (Room 101)

45 South Main St.

Wallingford, Ct. 06492

(203) 294-2001 (203) 294-2003 (Fax)

assessor@wallingfordct.gov