



# Town of Wallingford, Connecticut

**Department of Finance**  
Assessing Division  
45 South Main Street  
Wallingford, CT 06492

Shelby P. Jackson III, CCMA II  
Assessor

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## Report of Out of State/ Unregistered Vehicles

Interviewed By: \_\_\_\_\_

Taxpayer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_

Property Location: \_\_\_\_\_

*I, the undersigned have personally observed the subject vehicle as described below.*

\_\_\_\_\_

*Signature*

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### Information Needed:

State of Registration: \_\_\_\_\_ Registration #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Location of Vehicle: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Office Use Only*

Investigation of this report is assigned to: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Shelby P. Jackson III, CCMA II - Assessor