

**REAL ESTATE ONLY**

**CHANGE OF ADDRESS REQUEST FORM**

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ UNIT NO. \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

**PRINT OR TYPE**

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)