

ADDRESS CHANGE REQUEST FORM:

**TOWN OF WINCHESTER TAX COLLECTOR
338 Main St
Winsted, CT 06098**

Please complete the form below for all address changes to be made on Assessment and Tax Records. Please note, motor vehicle address changes must **ALSO** be completed on your registration at CT DMV by following this link: <http://www.ct.gov/dmv>

Please check all that apply:

<input type="checkbox"/>	Real Estate
<input type="checkbox"/>	Motor Vehicle
<input type="checkbox"/>	Personal Property
<input type="checkbox"/>	Water & Sewer

Owner Name/Business Name:

Real Estate/Business Address:

Registered Vehicle Owner:

PLATE NUMBER:

OLD Mailing address:

Address:

Address Line 2:

City, State, Zip

NEW Mailing address:

Address:

Address Line 2:

City, State, Zip

Phone:

Email:

Comments:

I am the owner of the above property/motor vehicle(s) and I request the above changes to be made.

Signed: _____ Date: _____