

CITY OF NEW HAVEN

CHANGE OF MAILING ADDRESS REQUEST

Property Address _____ Unit no. _____

Account Number _____
Real Estate-Map, Block Parcel # or Personal Property # (Motor Vehicle address change to be done thru CT DMV)

Present Owner _____

Change Mailing Address To _____

City/State/Zip _____

Requested By (Required) _____

Signature(Required) _____

Return this completed form with all requested information and signatures to:

**City of New Haven
Assessor's Office
Address Change
165 Church Street
New Haven, CT 06510**