CITY OF NEW HAVEN
DEPARTMENT OF ASSESSMENTS
AND
OFFICE OF THE TAX COLLECTOR
MAILING ADDRESS CHANGE REQUEST
PLEASE PRINT OR TYPE

Property Address ____________________________ Unit no. __________

Assessment Account Number ___________________________________________
Real Estate-Map/Block Parcel or Motor Vehicle or Personal Property Number

Present Owner __________________________________________________________

Change Mailing Address To ______________________________________________

City/State/Zip _____________________________________________________________________

Requested By (Required) _______________________________________________________
Signature (Required) __________________________________________________________

Please Note

Address Change Requests for Motor Vehicle Accounts must include a completed Address Change from the Connecticut Department of Motor Vehicles.

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

City of New Haven
Department of Assessments
Address Change
165 Church Street
New Haven, CT 06510
Fax Number 203-946-7122