

**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**

