

Change of Address Form

Name of Owner: _____

Change For: Real Estate Sewer

Location/Property Address

Change for Personal Property (Business Accounts ONLY)

Name of Business: _____

Location of Personal Property/Business _____

NEW MAILING ADDRESS for all changes:

Name: _____

Address: _____

Person Requesting Change:

Print Name: _____

Signature: _____

Date: _____

Phone #: _____

Return Completed Form To:

Town Hall
Assessor's Office
77 Main Street
New Canaan, CT 06840

Telephone: 203-594-3005
Fax: 203-594-3130

Email: Cathy.Casali@NewCanaanCT.gov