



REQUEST FOR CHANGE OF MAILING ADDRESS

Motor Vehicle*

Date _____

1. _____

2. _____

3. _____

4. _____

I hereby request that all correspondence in reference to the above-captioned motor vehicle(s)
be sent to the following address:

(Signature of Owner)

*Please note: This change may only effect the current tax year. Kindly change mailing address directly with CT Department of Motor Vehicles for each resgistration as applicable.

· Fax to: (860) 537-1147 ·

· Mail to: Town of Colchester · Assessor's Office · 127 Norwich Ave. Colchester, CT · 06415 ·