



TOWN OF MANCHESTER – OFFICE OF ASSESSMENT

41 CENTER STREET – PO BOX 191 – MANCHESTER, CT 06045-0191 – PHONE: 860-647-3016 – FAX: 860-647-3099

REQUEST FOR CHANGE OF MAILING ADDRESS

Applies to Real Estate records ONLY. Change for Motor Vehicles must be made at the DMV.

Date of Request: _____ Telephone Number: _____

Property Location Address: _____

Property Owner's Name: _____

Previous Mailing Address: _____

New Mailing Address: _____

What type of building/structure is it?

____ Single Family Residence ____ Multi-Family Residence (# of units ____)

____ Mixed Use (Residential & Commercial) ____ Commercial/Industrial

Is this a residential rental property? ____ Yes* ____ No

** If yes, you must complete and submit a "Landlord Registration Notice and Form" for the Building Department in case of emergency. Available in the Assessment Office or Building Department.*

Owner's Signature: _____ Print Name: _____

Agent's Signature: _____ Print Name: _____