



## ADDRESS CHANGE FORM

Please print this form and mail to: Shelton Tax Collector

PO Box 273

Shelton, CT 06484

Or email to one or all of the email addresses listed below, OR bring it into the office

**\*\*PLEASE FILL OUT A SEPARATE FORM FOR EACH PERSON THAT YOU ARE CHANGING THE ADDRESS FOR\*\***

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Please circle each type of account you are changing:

MOTOR VEHICLES

REAL ESTATE/SEWER

BUSINESS TAX

(we must have business name)

PHONE NUMBER: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Email addresses:

[N.GUIDO@CITYOFSHELTON.ORG](mailto:N.GUIDO@CITYOFSHELTON.ORG)

[M.GARIGLIO@CITYOFSHELTON.ORG](mailto:M.GARIGLIO@CITYOFSHELTON.ORG)

[T.GUILD@CITYOFSHELTON.ORG](mailto:T.GUILD@CITYOFSHELTON.ORG)

[L.THEROUX@CITYOFSHELTON.ORG](mailto:L.THEROUX@CITYOFSHELTON.ORG)