ADDRESS CHANGE FORM

Please print this form and mail to: Shelton Tax Collector
PO Box 273
Shelton, CT 06484

Or email to any one 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:
T.GUILD@CITYOFShELTON.ORG       A.WALSH@CITYOFShELTON.ORG
N.GUIDO@CITYOFShELTON.ORG       L.THEROUX@CITYOFShELTON.ORG