



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