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 M.GARIGLIO@CITYOFShELTON.ORG
T.GUILD@CITYOFShELTON.ORG L.THEROUX@CITYOFShELTON.ORG