



TOWN OF MONROE

OFFICE OF THE ASSESSOR

7 Fan Hill Rd

Monroe, CT 06468

Phone: 203-452-2803

www.monroect.org/assessor

Change of Mailing Address Request Form

Today's Date: ____/____/____

PREVIOUS INFORMATION:

Owner (s)

Name _____

Property Address

Street No _____ Suite/Apt # _____ P.O. Box _____ Street _____

City/Town _____ State _____ Zip Code _____

Mailing Address If Different

Street No _____ Suite/Apt # _____ P.O. Box _____ Street _____

City/Town _____ State _____ Zip Code _____

NEW INFORMATION:

Owner(s) _____

Care of _____

Change of Mailing Address

Street No _____ Suite/Apt No.: _____ P.O. Box _____ Street _____

City/Town _____ State _____ Zip Code _____

Permanent Change _____ Temporary Change (Until): ____/____/____

Signature _____

Drivers License/Other I.D. _____

To be completed by Assessor's Office

Rec'd /Scanned By _____ Date ____/____/____