WEST HAVEN ASSESSOR'S OFFICE
355 Main St. 1ST Floor
West Haven CT 06516
Phone: 203-937-3515 Ext. 1004, 1005, 1007
Fax: 203-937-3544 Office Hours: 9-5

CHANGE OF MAILING ADDRESS FORM

PROPERTY TYPE: (check one)

Real Estate _____
Personal Property _____ (for business only)

A Change of address for a registered motor vehicle must be done through the Department of Motor Vehicles.

PROPERTY LOCATION: _____

ADDRESS WHERE I WISH ALL MAIL TO BE RECEIVED:

_____
(Street/Town/State/Zip)

NAME OF BUSINESS: _____
(If Personal Property)

DATE: _____

SIGNATURE: _____

PLEASE PRINT NAME: _____

PHONE NUMBER: _____