

**TOWN OF NEW FAIRFIELD**

**TAX COLLECTOR'S OFFICE  
ASSESSOR'S OFFICE**

**REQUEST FOR CHANGE OF MAILING ADDRESS**

Please print or type

DATE OF REQUEST: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CHANGE MAILING ADDRESS TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY: (Required) \_\_\_\_\_

Signature (Required): \_\_\_\_\_

**Please note**

Address Change Requests for Motor Vehicle Accounts must include a completed Address Change from the Connecticut Department of Motor Vehicles.

Return this completed form with all requested information and signatures to:

Tax Collector  
Attn: Address Change  
Town of New Fairfield  
4 Brush Hill Road  
New Fairfield, CT 06812

Fax Number: (203) 312-5612