

CHANGE OF ADDRESS FORM

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

CURRENT  
ADDRESS \_\_\_\_\_

NEW  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PROPERTY LOC. \_\_\_\_\_

MAP \_\_\_\_\_ LOT \_\_\_\_\_

LIST YEARS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TAX COLLECTOR \_\_\_\_\_  
FIELD CARD \_\_\_\_\_  
COMPUTER \_\_\_\_\_  
ROLODEX \_\_\_\_\_  
WORKBOOK \_\_\_\_\_

ASSESSOR  
TOWN OF KILLINGWORTH  
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