

MOTOR VEHICLE ADDRESS CHANGE REQUEST

PHONE NUMBER (HOME) _____ (BUSINESS) _____

NAME: _____ CT MARKER PLATE # _____

GRAND LIST YEAR: _____ LIST NUMBER: _____ TAX ACCOUNT ID: _____

NEW MAILING ADDRESS:

Note: Our billing addresses are supplied by the DMV based on registration. Therefore you must also update your address on your REGISTRATION at the Department of Motor Vehicles in order for future billing to reach you.

MAIL, FAX OR EMAIL THIS FORM TO:
CITY OF STAMFORD - TAXATION SERVICES
MOTOR VEHICLE ADJUSTMENTS
888 WASHINGTON BOULEVARD
STAMFORD, CT 06901
FAX (203) 977-5898 PHONE (203) 977-5888
TAXINFO@ci.stamford.ct.us