

## City of Stamford - Real Estate Address Change Request

Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

List Number: \_\_\_\_\_ Sewer Account # \_\_\_\_\_

Change Mailing  
Address to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Change Requested By: \_\_\_\_\_  
Please Print Name Signature Date

Form sent by: \_\_\_\_\_  
Rev: 10/5/06

Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:

**City of Stamford**  
Office of the Assessor & Tax Collector  
P.O. Box 10152  
Stamford, CT 06904-2152  
Telephone: (203) 977-5888  
Fax: (203) 977-5898

