Town of Andover

Office of the Assessor 17 School Road, Andover, CT 06232 **E-mail:** assistantassessor@andoverct.org



REQUEST FOR CHANGE OF MAILING ADDRESS

| DATE: |
|---|
| PROPERTY LOCATION: |
| BUSINESS NAME: |
| MOTOR VEHICLE(S): |
| I hereby request that from this date on all correspondences in reference to the above-captione property be sent to the following address: |
| NAME (PLEASE PRINT): |
| STREET/PO BOX: |
| TOWN/STATE/ZIP: |
| |
| SIGNATURE OF PROPERTY OWNER: |