Updated 7/21/2026

TOWN OF MONROE

OFFICE OF THE ASSESSOR

7 Fan Hill Rd
Monroe, CT 06468
Phone: 203-452-2803
www.monroect.gov/p/assessor

PERSONAL PROPERTY – CHANGE OF MAILING ADDRESS REQUEST FORM

Today's Date: ___/___/_____ **Acct or Unique ID #:** _____

CURRENT INFORMATION:

Owner(s):_____

Care Of: _____

Property Address:

Street #:_____ Suite/Apt #:_____Street:_____ Or P.O. Box: _____

City/Town:_____ State: _____ Zip Code: _____

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NEW INFORMATION:

Owner(s):_____

Care Of: _____

New Mailing Address:

Street #:_____ Suite/Apt #:_____Street:_____ Or P.O. Box: _____

City/Town:_____ State: _____ Zip Code: _____

Signature:_____

Drivers License/Other ID: _____ Telephone Number: _____

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To Be Completed By Assessor' s Office

Rec'd /Scanned By:_____Date: ___/___/_____

**Please note if this form is being submitted by mail, a notarization is required along with a copy of the front and back of a valid driver's license or legal identification of the signatory. If there are multiple owners of the property or entity requesting a change of mailing address, ALL parties must sign and provide the required identification before a request can be processed.*