



TOWN OF MONROE

OFFICE OF THE ASSESSOR

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

Updated 7/21/2026

REAL ESTATE – CHANGE OF MAILING ADDRESS REQUEST FORM

Today's Date: ____/____/____

Account or MBLU #: _____

CURRENT INFORMATION:

Owner(s): _____

Care Of: _____

Property Address:

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

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

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: _____

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.*