



ASSESSOR'S CHANGE OF ADDRESS FORM

TOWN OF NEW HARTFORD

CHANGE OF MAILING ADDRESS REQUEST

Property Address: _____

Account Number or Map/Block/Lot: _____
(If parcel does not have a number)

Present Owner: _____

Change Mailing Address To: _____

City/State/Zip Code: _____

Requested By (Required): _____

Signature (Required): _____

Phone Number (Required): _____

Please return this completed form with all requested information and signatures to:

**Town of New Hartford
Assessor's Office
530 Main Street PO Box 316
New Hartford, CT 06057**