



WESTPORT CONNECTICUT

ASSESSOR'S OFFICE

110 Myrtle Avenue, Westport, CT 06880

Phone: 203-341-1070 Fax: 203-341-1136

CHANGE OF MAILING ADDRESS – OUT OF STATE

MY NAME: _____

WESTPORT STREET ADDRESS (THE "PREMISES"):

_____, Westport, CT 0688_____

I HEREBY REQUEST THAT THE ALL MAIL ASSOCIATED WITH THE PREMISES IDENTIFIED ABOVE BE DELIVERED TO:

Name

Street City/Town State Zip Code

I declare and certify that I have the legal power and authority to execute this request, either as the owner or co-owner of the Premises or as the authorized representative of the owner or co-owners of the Premises. I understand that this change will apply to most mail from the Town of Westport. For a complete list, please contact the Assessors Office.

Please check the box that applies:

I am:

Owner or co-owner of the Premises with the authority to sign and deliver this document on behalf of myself and any other co-owner(s)

Receiver (Attach certificate of appointment)

Trustee of the trust that owns the Premises (Attach trust agreement)

Authorized Representative of the owner of the Premises (Attach recent power of attorney)

Executor or Administrator of the estate that owns the Premises (Attach certificate of appointment)

Principal Officer of the corporation that owns the Premises (Attach last annual report filed with Secretary of the State.)

Member of a limited liability company that owns the Premises, and the LLC is not managed by manager(s) (Attach operating agreement)

Manager of a limited liability company that owns the Premises, and the LLC is managed by manager(s) (Attach operating agreement)

Partner of the partnership that owns the Premises (Attach partnership agreement)

Date: _____

Signature

Print Name:

State of _____)

)

ss: _____

County of _____)

On this the ____ day of _____, 20____, before me personally appeared _____, who certified to me that he/she has the legal power and authority to execute and deliver this document; that the contents of this document are true and correct, and that he/she is the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Signature of Notary Public or
Commissioner of the Superior Court
Date Commission Expires: _____