CHANGE OF MAILING ADDRESS – OUT OF STATE

MY NAME: ____________________________________________

WESTPORT STREET ADDRESS (THE “PREMISES”):
______________________________________________________, Westport, CT 06880

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

________________________________________________________________________________________

Name

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<tr>
<th>Street</th>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
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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)

Signature: ____________________________  Date: __________________________

Print Name: __________________________

State of ____________________________ )

County of __________________________ )

ss: __________________________

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: __________________

http://www.westportct.gov  •  assessor@westportct.gov