



WESTPORT CONNECTICUT

ASSESSOR'S OFFICE
110 Myrtle Avenue, Westport, CT 06880
Phone: 203-341-1070 Fax: 203-341-1136

CHANGE OF MAILING ADDRESS

MY NAME: \_\_\_\_\_

WESTPORT STREET ADDRESS (THE "PREMISES"):  REAL ESTATE  BUSINESS PERSONAL PROPERTY

\_\_\_\_\_, 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 Assessor's 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)
- [ ] Manager of a limited liability company that owns the Premises, and the LLC is managed by manager(s) (Attach operating agreement)

Signature Date Phone Number

Print Name Email Address

State of Connecticut )
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: \_\_\_\_\_