



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 _____)
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: _____