



TAX COLLECTOR'S OFFICE - TOWN OF PROSPECT, CT 06712

MOTOR VEHICLE CHANGE OF ADDRESS FORM

NAME OF VEHICLE OWNER(S): _____

CURRENT MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

MARKER PLATE(S) OF VEHICLE(S) TO BE CHANGED:

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

PRINTED NAME OF PERSON(S) REQUESTING CHANGE (REQUIRED)

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____