



TOWN OF	ASSESSMENT LIST <i>(Please check appropriate box(es) and fill in the year next to each)</i> <input type="checkbox"/> GRAND YR _____ <input type="checkbox"/> SUPPLEMENTAL YR _____
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1. REGISTRATION INFORMATION AS IT APPEARS ON THE TAX BILL

NAME	CLASS CODE	MARKER PLATE NUMBER	MAKE
STREET ADDRESS	MODEL	YEAR	BODY STYLE
CITY AND STATE	VEHICLE IDENTIFICATION NUMBER		OWNER'S CT LICENSE NO. (9 digits)

2. CHANGE OR CORRECTION

SOLD TO:	DMV USE ONLY
NAME
STREET ADDRESS
CITY AND STATE
CHANGED TAX TOWN TO:

TOWN OF:	APPROXIMATE DATE:
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CORRECTION OF INFORMATION

VEHICLE INFORMATION	OLD <i>(On List)</i>	NEW <i>(Should Be Changed To)</i>
MARKER NUMBER		
MAKE		
YEAR		
MODEL		
BODY STYLE		
VEHICLE I.D. NUMBER		

I declare under the penalties of false statement that this application has been examined by me and to the best of my knowledge and belief is complete, and the statements made herein are true and correct.

SIGNATURE <i>(Customer)</i> X	DATE SIGNED
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