



| | |
|----------------------|--|
| 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 _____ |
|----------------------|--|

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: _____ |
|-----------------------|--------------------------------|

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 _____ |
|---|--------------------------|