

TOWN OF AVON

Collector of Revenue
60 West Main Street, Building 2
Avon, CT 06001
(860) 409-4306

Request for Mailing Address Change Real Estate/Sewer Usage

Property Location: _____

Parcel #: _____

Please indicate where future Real Estate/Sewer Usage bills should be sent in the space below and mail it to us at:

Town of Avon
Office of the Collector of Revenue
60 West Main Street
Avon, CT 06001

Preferred Mailing Address:

Owner Name(s): _____

Street (or P.O. Box #): _____

Town, State & Zip: _____

Real Estate

Sewer Usage

Signature: _____ Date: _____

Owner/Agent

Telephone No.: _____

NOTE: Motor Vehicle address change requests must be made online at
<https://portal.ct.gov/dmv/>.