

**Town of Manchester, Connecticut
41 Center Street
P.O. Box 191
Manchester, CT 06040-0191**

CHANGE FORM

#	Name*	Address	Phone
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** If Name change please provide a copy of your Social Security Card.*

CURRENT INFORMATION (please print)

Name: _____

Address: _____

Phone Number: _____

NEW INFORMATION (please print)

Effective Date: _____

Name (if applicable): _____

** If Name change please provide a copy of your Social Security Card or Drivers License.*

Address: _____

Phone Number: _____

Signature: _____ Date: _____

