TOWN OF WALLINGFORD

2017 Calendar Year Tax Information Request (Print Clearly):

Are You Requesting Information on Taxes Paid ___ or Taxes Owed ___?

Date Requested:

Real Estate

Property Owners Name(s):

Property Location:

Motor Vehicle

Note: Information available for payments made during the 2017 calendar year.

Name of Registrant:

Date of Birth of Registrant:

Vehicle Plate Number(s) if known: **If vehicle(s) are leased a plate number is required**.

Day Phone Number: ( ) -

****Important**Please list town of fax location here!**
Fax Number: ( ) -

Present this form to: Tax Collector Room 209
45 S. Main St. Wallingford, CT 06492

Or mail to: Tax Collector
P.O Box 5003 Wallingford, CT 06492-7503
Phone: (203) 294-2135
Fax: (203) 294-2137

Requests will be processed in the order received