

## ***Town of Milford Tax Bill Address***

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OWNER(S) OF PROPERTY (PRINTED): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

DATE OF SALE OR LEASE AGREEMENT: \_\_\_\_\_

MAIL BILL TO: OWNER \_\_\_\_\_ CARE OF \_\_\_\_\_

OWNERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF BILL IS SENT TO CARE OF, OWNER MUST SIGN THIS FORM

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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REAL ESTATE ACCOUNT NUMBER: \_\_\_\_\_

MAP & LOT: \_\_\_\_\_

BOOK & PAGE: \_\_\_\_\_

DATE RECEIVED IN OFFICE: \_\_\_\_\_

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