

**TOWN OF WALLINGFORD**

**2023 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 2023 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: (     )     -     **Town:**

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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**