



Town of Wallingford, Connecticut

Department of Finance
Assessing Division
45 South Main Street
Wallingford, CT 06492

Shelby P. Jackson III, CCMA II
Assessor

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Report of Out of State/ Unregistered Vehicles

Interviewed By: _____

Taxpayer Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____

Property Location: _____

I, the undersigned have personally observed the subject vehicle as described below.

Signature

Information Needed:

State of Registration: _____ Registration #: _____

Make: _____ Model: _____ Year _____ Color _____

Location of Vehicle: _____

Owner of Property: _____

Notes: _____

Office Use Only

Investigation of this report is assigned to: _____

Approved By: _____ Date: _____

Shelby P. Jackson III, CCMA II - Assessor