



CITY OF ANSONIA

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www.cityofansoniam.com

TAX DEPARTMENT

BANK REQUEST FOR REAL ESTATE TRANSFER

Date _____

FROM:

Owner Name _____

Property Location _____

City, State, Zip Code _____

Unique ID _____

Bill Number _____

Amount _____

TO:

Owner Name _____

Property Location _____

City, State, Zip Code _____

Unique ID _____

Bill Number _____

Amount _____

Requested By and Name of Bank