

MAILING ADDRESS CHANGE FORM

Date: _____

Block: _____

Lot(s): _____

Property Location: _____

I authorize the following change(s) to my (check all that apply):

TAX COLLECTOR/TAX ASSESSOR *(if you have a mortgage company, you will still get a copy of the tax bill and all related correspondence. This will also change your address at the County level)*

TRASH

WATER

SEWER

CLOSING DATE IF NEW OWNER: _____

IS THIS A RENTAL PROPERTY? _____. *If so, please specify which bill will go to the tenant vs. the owner. Remember, the bills are the owners' responsibility regardless of your agreement with the tenant.*

***CHANGE MAILING ADDRESS TO: _____

MORTGAGE COMPANY: _____

***NOTE: *If you are not the legal owner, please provide necessary documents that authorize you to make the above change, such as a death certificate, power of attorney, marriage certificate, divorce papers, etc.*

PHONE NUMBER: _____

(for our records only, it will not be given out)

PRINT NAME: _____

SIGNATURE OF OWNER: _____

MAIL FORM TO: PEMBERTON TWP TAX ASSESSOR
500 PEMBERTON-BROWNS MILLS ROAD
PEMBERTON, NJ 08068-1539
Phone: 609-894-3363
Fax: 609-894-0755