MAILING ADDRESS CHANGE FORM

DATE: _____

BLOCK: _____ LOTS: _____

PROPERTY LOCATION: _____

OWNER INFORMATION

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

CLOSING DATE (IF NEW OWNER): _____

***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.

Send the following bills to the Owner's address listed above (check all that apply):

☐ Tax ☐ Solid Waste ☐ Water ☐ MUA

TENANT INFORMATION

Please note that all bills are the owner's responsibility regardless of your agreement with the tenant.

TENANT'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

Send the following bills to the Tenant's address listed above (check all that apply):

☐ Tax ☐ Solid Waste ☐ Water ☐ MUA

PRINT NAME: _____

SIGNATURE OF OWNER: _____

MAIL FORM TO: TOWNSHIP OF PEMBERTON
OFFICE OF THE TAX ASSESSOR
500 PEMBERTON-BROWNS MILLS RD.
PEMBERTON, NJ 08068
PHONE: 609-894-3363 FAX: 609-894-0539
Email: smcbroom@pemberton-twp.com or
cwilliamson@pemberton-twp.com