

REQUEST FOR TAX BILLING CHANGE OF ADDRESS

MAIL OR FAX TO THE TAX ASSESSORS OFFICE AT:

TOWNSHIP OF WEEHAWKEN
WEEHAWKEN TAX ASSESSOR'S OFFICE
400 PARK AVENUE
WEEHAWKEN, NJ 07086
FAX: (201)-330-8014

DATE: _____

BLOCK _____ LOT _____ QUAL _____

PROPERTY ADDRESS _____

OWNER NAME _____

PHONE NUMBER _____

EMAIL _____

I HEREBY REQUEST THAT ALL TAX BILLS FOR MY ABOVE-MENTIONED PROPERTY BE MAILED TO THE ADDRESS I HAVE LISTED BELOW. I AM THE OWNER, OR INDIVIDUAL AUTHORIZED TO REQUEST BILLING CHANGES FOR THE ABOVE REFERENCED PROPERTY LISTING.

PLEASE CHANGE THE MAILING ADDRESS ON THE ABOVE-MENTIONED PROPERTY TO:

PLEASE CHECK ONE OF THE FOLLOWING

- I AM RESPONSIBLE FOR PAYMENT OF PROPERTY TAXES
- MY MORTGAGE COMPANY IS RESPONSIBLE FOR PAYMENT OF PROPERTY TAXES

X

DATE

X

OWNERS SIGNATURE

PLEASE INCLUDE A COPY OF YOUR CURRENT PHOTO I.D.