## **Mailing Address Change Form**

Date:			
Block:		Lot(s):	÷
Property Location:			
Owner Information			
Name:			
Street Address:			
City, State, Zip:			
Phone Number:			
Closing Date (if new owner	er):		
***Note: If you are a new owner, please provide us with a copy of your closing disclosure			
•	• • • • •	•	documentation that authorizes you to make the above ertificate, divorce papers, etc.
***Note: If you are a prop	erty manager we need a	a copy of the agre	ement or contract you have with the owner.
Send the following bills to	the owner's address lis	ted above (check	all that apply):
□Tax	☐ Solid Waste	☐ Water	□ MUA
	Te	nant or Property	Manager
***Please note that all b	ills are the owner's resp	onsibility regardle	ess of your agreement with tenant or property manager
Tenant or Property Mana	ger's Name:		
Street Address:			
City, State, ZIP:			
Send the following bills to	the tenant or property r	manager listed ab	ove (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 Road Pemberton, NJ 08068 Phone: (609) 894-3362 Fax: (609) 894-2703

Email: smcbroom@pemberton-twp.com tjames@pemberton-twp.com