



## Change of Address Form

Date: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qual: \_\_\_\_\_

Property Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Change the mailing address on the above property to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change address for (Check all that apply):

Taxes: \_\_\_\_\_

Water & Sewer: \_\_\_\_\_

Water & Sewer Billing (if different from owner) : \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Assessor Signature & Date

RETURN FORM TO:  
TAX ASSESSOR OFFICE  
300 ENGLSIDE AVE.  
BEACH HAVEN, NJ 08008  
[taxassessor@beachhaven-nj.gov](mailto:taxassessor@beachhaven-nj.gov)