

# 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.