GLOUCESTER COUNTY OFFICE OF ASSESSMENT



FREEHOLDER DIRECTOR Robert M. Damminger

CHANGE OF MAILING ADDRESS AND/OR OWNERSHIP INFORMATION (Please Print)

	DATE:				•
	NAME:				
	STREET:				
	TOWN/B0	RO:			:
· · · · · · · · · · · · · · · · · · ·	RE:	Block	Lot(s):	Q;	
	PROPERT	Y LOCATION:			
COUNTY ASSESSOR Robyn Glocker-Hammond	CHECK SU	JITABLE MESSA	GE		
DIRECTOR Bonnie L. Longo, MAI, SRA	Change my mailing address to:				
				•	
Clayton Complex, Bldg. A 1200 N. Delsea Drive Clayton, NJ 08312	Nan	ne shown on pro	perty record is in a	error, should be as	follows:
Phone 856-307-6445 Fax 856-307-6447	*Note: Requests for corrections to be made in names of owners must be accompanied by a copy of deed, will, judgment, power of attorney or other document supporting the change. In case of death of a spouse, death certificate should be provided				
www.gloucestercountynj.gov	Correct to read:				
	Rea	ason for change:		•	
New Jersey Relay Service-711 Gloucester County Relay Service (TTY/TTD)- (856)848-6516				4.	
•	Owner's Si	anatura	Telepho	one	