



THE TOWNSHIP OF MILLBURN

375 MILLBURN AVENUE
MILLBURN, NEW JERSEY 07041

PROPERTY OWNER NAME / ADDRESS CHANGE REQUEST

Date Requested: _____

Block: _____

Lot: _____

Qual: _____

Property Location: _____

NAME CHANGE INFORMATION

Current Name: _____

Requested Name: _____

MAILING ADDRESS CHANGE INFORMATION

Current Mailing Address: _____

Requested Mailing Address: _____

SUPPORTING DOCUMENTATION PROVIDED

- | | | |
|---|--|--|
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Deed |
| <input type="checkbox"/> Legal Name Change | <input type="checkbox"/> Divorce Judgment | <input type="checkbox"/> Probated Will |
| <input type="checkbox"/> Other: | | |

Change Requested by: _____

Signature: _____

By completing this form, I authorize the Assessor to change the mailing address for the specified property for all property tax-related matters. I am either the property owner or the authorized agent of the property owner. If an agent, the authorization is on file with the Assessor.

*** For office use only ***

Changed by: _____

Date Changed: _____