



ADDRESS CHANGE FORM

DATE SUBMITTED:

OFFICE USE ONLY:

MOD IV: _____
EDMUNDS: _____
BORO: _____
CCMUA: _____

OWNERS NAME: _____

PROPERTY ADDRESS: _____

PHONE NUMBER: _____

BLOCK: _____ LOT: _____

NEW MAILING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____

TENANT OCCUPIED: YES NO

TENANT NAME: _____

TENANT
PHONE NUMBER: _____

LEASE START DATE: _____

LEASE END DATE: _____
(notify tax office immediately with any changes)

BILLS TO BE MAILED TO OWNER:

TAX SEWER WATER CCMUA

BILLS TO BE MAILED TO TENANT AT PROPERTY:

TAX SEWER WATER CCMUA

RETURN BY FAX: 856-767-0252 MAIL: 135 ROUTE 73 SOUTH WEST BERLIN, NJ 08091 EMAIL: taxcollector@berlintwp.com