



BOROUGH OF LAUREL SPRINGS

OFFICE OF THE ASSESSOR

723 W ATLANTIC AVE

LAUREL SPRINGS, NJ 08021

(856) 784-0500

Fax: (856) 783-1355

CHANGE OF ADDRESS FORM

YOUR ADDRESS CANNOT BE CHANGED WITHOUT THIS FORM

DATE:

1st REQUEST:

☐

2nd REQUEST:

☐

OWNER:

BLOCK:

LOT:

PROPERTY
LOCATION:

QUAL:

The above named owner(s) hereby authorize the Municipal Assessor of the Borough of Laurel Springs to change the official mailing address for all future Tax Billings and other Notices and Correspondence regarding the above referenced property within the Borough of Laurel Springs

Mailing Address Currently Shown As:

New Mailing Address (**25 Characters MAX**):

Certification: I hereby certify that the foregoing declarations are true to the best of my knowledge and belief and fully understand that such declarations will be considered as if made under oath and, if false, are subject to the penalties as provided by law for perjury.

DATED:

TELEPHONE:

SIGNATURE OF LEGAL OWNER:

TITLE*OF ABOVE SIGNEE:

***Note:** If the Owner is a Partnership or a Corporation, please indicate signee's title above. Corporate or Partnership Signee must be either the President or Secretary, or clearly indicate authority to sign a legal document on behalf of said Partnership or Corporation. You must attach written documentation of such authorization.

Notice to Managing Agents: Please do not call office to explain why you can't get your principal to sign this document. We are not in a position to verify your agency. We do not have the time to read lengthy contracts appointing you as agent, nor will we know when your agency expires. It is better to simply have the owner sign this form.

PLEASE PRINT YOUR NAME HERE:

NOTE: Delivery failure to the above address will not be the responsibility of the Borough of Laurel Springs