



**CITY OF CLIFTON
OFFICE OF TAX ASSESSOR**

900 CLIFTON AVE. CLIFTON, NEW JERSEY 07013

Tel# 973-470-5838

Fax# 973-470-5923

Email: taxassessor@cliftonnj.org

REQUEST CHANGE OF MAILING ADDRESS

DATE: _____

BLOCK: _____ **LOT:** _____ **QUAL:** _____

PROPERTY LOCATION: _____

OWNERSHIP: _____

C/O: _____

NEW MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

E-MAIL: _____

PHONE# REQUIRED: _____ **FAX#:** _____

REASON FOR CHANGE (check one):	MAILING ADDRESS CHANGE FOR (please select):
NEW OWNER: <input type="checkbox"/>	SEWER ACCOUNT: <input type="checkbox"/>
MOVED: <input type="checkbox"/>	TAX ACCOUNT: <input type="checkbox"/>
ADDING C/O: <input type="checkbox"/>	

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

FOR OFFICE USE ONLY
CHANGE MADE ON: _____
INITIALS & DATE: _____