



CITY OF CLIFTON  
OFFICE OF TAX ASSESSESOR  
900 CLIFTON AVE  
CLIFTON, NEW JERSEY 07013

FAX#: 973-470-5923

TEL#: 973-470-5838

EMAIL: [TAXASSESSOR@CLIFTONNJ.ORG](mailto:TAXASSESSOR@CLIFTONNJ.ORG)

**REQUEST CHANGE OF MAILING ADDRESS**  
**(PLEASE PRINT)**

DATE: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ QUAL: \_\_\_\_\_

PROPERTY LOCATION ADDRESS: \_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_

C/O NAME: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE# (REQUIRED): \_\_\_\_\_ EMAIL: \_\_\_\_\_

REASON FOR CHANGE (check one):

MAILING ADDRESS CHANGE FOR (please select):

NEW OWNER:

DEED SALE DATE: \_\_\_\_\_

SEWER ACCOUNT:

MOVED:

TAX ACCOUNT:

ADDING C/O:

DWELLING TYPE (check one): ONE FAMILY: TWO FAMILY: COMMERCIAL: OTHER:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**FOR OFFICE USE ONLY**

INITIALS & DATE: \_\_\_\_\_