

 **CITY OF CAMDEN**

 BUREAU OF ASSESSMENTS

 520 Market Street, Room 329

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**TERRI PAGLIONE, CTA FRANCISCO “FRANK” MORAN**

 **TAX ASSESSOR MAYOR**

**Request for Change of Address**

Date: **Click here to enter a date.**

Block: **Enter** Lot: **Enter** Qualifier: **Enter**

Property Location: **Enter Property Address**

Property Owner: **Enter Owner Name(s)**

**New Mailing Address:** **Enter Street Address**

 **City, State Zip**

**Contact Information:**

Phone No**: Enter Phone Number**

Email Address: **Enter Email Address**

\*Reason for Change: **Enter Brief Description**

 **Please select one: Choose an item.**

Settlement date *(For new owners only)*: **Click here to enter a date.**

Note:

**Please include proof(s) of ownership: Photo ID, Recently Recorded Deed, Surrogate Documentation, Power of Attorney, etc…**

**Proof of ownership for LLC’s, Corporations and Businesses may include: Business Registration, Tax Returns, Certificate or Articles of Incorporation, etc…**