



Office of the Tax Assessor

Change of Address Request

Date: _____

Block: _____ Lot: _____

Property Location: _____

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Phone Number: _____

Make Changes to (please circle):

Water and Sewer

Taxes

BOTH

Owner Signature: _____

Submit to:

Jennifer Garabrant
Office of the Tax Assessor
851 Old York Road
Burlington, NJ 08016
609-239-5827
JGarabrant@twp.burlington.nj.us