



**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:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

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

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

**E-MAIL:** \_\_\_\_\_

**PHONE# REQUIRED:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_

**REASON FOR CHANGE (check one):**

NEW OWNER:

MOVED:

ADDING C/O:

**MAILING ADDRESS CHANGE FOR (please select):**

SEWER ACCOUNT:

TAX ACCOUNT:

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

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

**FOR OFFICE USE ONLY**

**CHANGE MADE ON:** \_\_\_\_\_

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