



ZACK MULLOCK

Mayor

MAUREEN K. MCDADE

Deputy Mayor

LORRAINE M. BALDWIN

Councilmember

STEVE BODNAR

Councilmember

SHAINÉ P. MEIER

Councilmember

PAUL E. DIETRICH
City Manager

ERIN C. BURKE
City Clerk

ADDRESS CHANGE REQUEST FORM

DATE: _____

- () ADDRESS CHANGE () TAX () WATER/SEWER
- () AUTHORIZATION TO BILL TENANT
- () OTHER: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

BLOCK _____ LOT _____ QUALIFICATION _____

PROPERTY ADDRESS: _____

HOME PHONE: _____ OUT OF AREA PHONE: _____

BUSINESS PHONE: _____ CELL PHONE: _____

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For an address change, indicate whether tax, water/sewer, or both records are to be changed. If a tenant is being billed and fails to pay, the property is still subject to tax sale for all delinquencies. Please submit this form to the Tax Office via mail, email or in person.

SIGNATURE OF PROPERTY OWNER

City of Cape May
National Historic Landmark

City Hall • 643 Washington Street • Cape May, New Jersey 08204-2397 • (609) 884-9525 • Fax: (609) 884-8589

www.capemaycity.com