

voice: 856.429.7767

fax: 856.429.1786



DATE:

1st REQUEST

OFFICE of the ASSESSOR
 2400 TOWN CENTER
 VOORHEES NJ 08043

2nd REQUEST

CHANGE of ADDRESS FORM

**YOUR MAILING ADDRESS CAN NOT BE CHANGED WITHOUT SUBMITTING
 THIS FORM FILLED OUT IN ITS ENTIRETY**

***(35 MAX CHARACTERS) OWNER:**

BLOCK:

***(25 MAX CHARACTERS) PROPERTY SITE:
 (NUMBER & STREET)**

LOT:

QUAL:

MAILING ADDRESS:

CURRENT:

CHANGE TO:

**NUMBER, STREET, PO BOX
 25 MAX CHARACTERS**

**CITY, STATE, ZIP
 35 MAX CHARACTERS**

I, the above named legal owner, hereby authorizes the Municipal Assessor of Voorhees Township to change the official mailing address, as noted above, for all future Correspondence regarding the above referenced property within the Township. I hereby certify that the foregoing declarations are true to the best of my knowledge and belief, and understand that said declarations will be considered as if made under oath and, if made falsely, are subject to the penalties of perjury as provided by laws governing this jurisdiction. I further understand that delivery failure to the above address I submitted will not be the Township's responsibility.

Dated:

Signature of Legal Owner:

Phone:

Title of Signee*:

Print your Name Here:

NOTE If the legal owner is a Partnership or Corporation, you must indicate signee's title above, and unless you are the President or Secretary, you must attach written documentation showing your authorization to sign on behalf of said Partnership or Corporation.

Notice to Managing Agents: You must have your principal/owner sign this document. We are not in a position to verify your agency, or to read lengthy contracts appointing you as agent, nor will we know when your agency expires.