

GLOUCESTER COUNTY
OFFICE OF ASSESSMENT



FREEHOLDER DIRECTOR
Robert M. Damming

CHANGE OF MAILING ADDRESS AND/OR OWNERSHIP INFORMATION
(Please Print)



DATE: _____

NAME: _____

STREET: _____

TOWN/BORO: _____

RE: Block _____ Lot(s): _____ Q: _____

PROPERTY LOCATION: _____

COUNTY ASSESSOR
Robyn Glocker-Hammond

DIRECTOR
Bonnie L. Longo, MAI, SRA

Clayton Complex, Bldg. A
1200 N. Delsea Drive
Clayton, NJ 08312

Phone 856-307-6445
Fax 856-307-6447

www.gloucestercountynj.gov

New Jersey Relay Service-711
Gloucester County Relay Service
(TTY/TTD)- (856)848-6516

CHECK SUITABLE MESSAGE

_____ Change my mailing address to:

_____ Name shown on property record is in error, should be as follows:
*Note: Requests for corrections to be made in names of owners
must be accompanied by a copy of deed, will, judgment,
power of attorney or other document supporting the change.
In case of death of a spouse, death certificate should be provided.

Correct to read: _____

Reason for change: _____

Owner's Signature

Telephone