



CITY OF TRENTON TAX OFFICE *DEPARTMENT OF FINANCE*

Request For Tax Billing Address Change

Property Location:
(Street & Number)
(Please Print)

_____ **Block:** _____ **Lot:** _____

I hereby request that all tax bills for my above property be mailed to the address I have listed below. I am the owner, or individual authorized to request billing changes for the above referenced property listing.

Name / Owner: _____ **I.D. Type:** _____

New Mailing Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Home Telephone: _____ **Daytime Telephone:** _____

Was property acquired recently ? : Yes ☐ No ☐

If yes, please indicate date acquired: _____

Comments: _____

Print Name: _____

Signature: _____ **Date:** _____