



# CITY OF TRENTON TAX OFFICE

DEPARTMENT OF FINANCE

POST OFFICE BOX 210  
TRENTON, NEW JERSEY 08602-0210  
PHONE: 609-989-3070  
FAX: 609-989-4248  
WEBSITE: [www.trentonnj.org](http://www.trentonnj.org)

## Request For Tax Billing Address Change

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

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

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: \_\_\_\_\_