



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

Request For Tax Billing Address Change

Block: _____ Lot: _____

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: _____