

**CITY OF CAMDEN**

BUREAU OF ASSESSMENTS

520 Market Street, Room 329

P.O. Box 95120

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**TERRI PAGLIONE, CTA DANA L. REDD**

**TAX ASSESSOR MAYOR**

**Request for Change of Address**

Date: **Click here to enter a date.**

Block: **Enter** Lot: **Enter** Qualifier: **Enter**

Property Location: **Enter Property Address**

Property Owner: **Enter Owner Name(s)**

**New Mailing Address:** **Enter Street Address**

**City, State Zip**

**Contact Information:**

Phone No**: Enter Phone Number**

Email Address: **Enter Email Address**

\*Reason for Change: **Enter Brief Description**

**Please select one: Choose an item.**

Settlement date *(For new owners only)*: **Click here to enter a date.**

Note: **\*Please include proof(s) of ownership: Photo ID, Recorded Deed, Surrogate Documentation, Business Registration, etc…**

Office use only:

Prepared By: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matches Mod IV: Yes or No