



CITY OF CAMDEN
BUREAU OF ASSESSMENTS
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TERRI PAGLIONE, CTA
TAX ASSESSOR

DANA L. REDD
MAYOR

Request for Change of Address

Date: _____

Block: _____ Lot: _____ Qualifier: _____

Property Location: _____

Property Owner: _____

New Mailing Address: _____

Contact Information:

Phone No: _____

Email Address: _____

*Reason for Change: _____

Please select one:

Settlement date (*For new owners only*): _____

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