

CITY OF SEA ISLE CITY  
TAX ASSESSOR

CITY HALL  
233 JOHN F. KENNEDY BLVD.  
2<sup>ND</sup> FLOOR, ROOM #207  
SEA ISLE CITY, NJ 08243  
(609) 263-4461, EXT. 1228

CHANGE OF ADDRESS FORM

SEA ISLE CITY PROPERTY INFORMATION

PROPERTY OWNER NAME \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUAL \_\_\_\_\_

NEW MAILING ADDRESS

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

LLC OWNERS MUST FORWARD LEGAL DOCUMENTATION

MUST BE OWNER OF RECORD  
IF CORPORATION PROVIDE LEGAL DOCUMENTATION

**PLEASE COMPLETE AND RETURN TO THE TAX ASSESSOR OFFICE**  
**FAX: (609) 263-1366**