

Date \_\_\_\_\_

To: West Deptford Township Assessor's Office  
400 Crown Point Rd., P O Box 89  
Thorofare, New Jersey 08086

RE: Block \_\_\_\_\_, Lot \_\_\_\_\_, Q \_\_\_\_\_

Property Loc. \_\_\_\_\_

As the owner of the above listed property, I hereby request that my tax bill (s) be sent to the following.

**\*\*IF WE HAVE ENCLOSED YOUR TAX BILL, PLEASE FORWARD THE BILL TO YOUR MORTGAGE COMPANY\*\*** PLEASE DON'T FORGET TO SUPPLY THE REQUESTED INFORMATION.

A. Please send my tax bill to: (Supply actual address of mortgage company, NOT the mortgage coupon address)

Mortgage Company or their Tax Servicing Agent

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_, Zip \_\_\_\_\_

B. HOMEOWNER: (PLEASE CHECK APPROPRIATE LINE)

- \_\_\_\_\_ YOU HAVE PAID OFF YOUR MORTGAGE, OR
- \_\_\_\_\_ YOUR MORTGAGE COMPANY DOES NOT ESCROW FOR TAXES, OR
- \_\_\_\_\_ YOU DO NOT HAVE A MORTGAGE COMPANY, OR
- \_\_\_\_\_ UPDATE MY MAILING ADDRESS TO READ:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_, Zip \_\_\_\_\_

PLEASE RETURN THIS FORM PROMPLTY IN THE ENCLOSED ENVELOPE

Office Phone: 856-845-4004, Ext. 112

X \_\_\_\_\_  
Owner's Signature

X \_\_\_\_\_  
Owner's Phone Number