

CHANGE OF MAILING ADDRESS REQUEST (PLEASE PRINT)

DATE: _____

I _____ AS OWNER OF THE PROPERTY LOCATED AT

_____ FURTHER IDENTIFIED AS BLOCK # _____

LOT # _____ W/S ACCT. # _____ IN THE TAX LIST OF THE BOROUGH OF

GLASSBORO, REQUEST FUTURE BILLS BE MAILED TO: _____

SIGNATURE OF OWNER

ADDRESS
