

# REQUEST FOR CHANGE OF MAILING ADDRESS

**Name:** \_\_\_\_\_

**New Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Change is for:**                      **Tax** \_\_\_    **Water** \_\_\_    **Sewer** \_\_\_    **ACH** \_\_\_

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**Tax:**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qual \_\_\_\_\_

Property Location: \_\_\_\_\_

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**Water:**

Account #(s) \_\_\_\_\_  
& Location(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Sewer:**

Account #(s) \_\_\_\_\_  
& Location(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**ACH:**    Member # \_\_\_\_\_

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Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

\*Please mail completed form to: Finance Department, Township of West Caldwell, 30 Clinton Road, West Caldwell, NJ 07006. Any questions, please call 973-226-2304.