



CITY OF SUMMIT
TAX OFFICE
512 Springfield Ave
Summit NJ 07901
908-273-6403

MAILING ADDRESS CHANGE FORM

Please complete this form if you wish to
Change your mailing address

Date: _____

Block _____ Lot _____ Qual. _____

Property Address: _____

Names (s) of Owner (s): _____

Please change the mailing address for the above property to the following address:

Signature of owner (s) – Please note all owners must sign:
