

# BOROUGH OF WEST CAPE MAY

## CHANGE OF ADDRESS REQUEST FORM

To Whom It May Concern:

I am requesting that you update my address and contact details below for all future correspondence:

---

Name	Effective Date
------	----------------

---

**PLEASE PRINT**

**Old Address:**

---

**Street Name**

---

**City, State, Zip Code**

**New Address:**

---

**Street Name**

---

**City, State, Zip Code**

---

**Email Address**

---

**Phone Number**

---

I declare that the above information is true and correct to my knowledge.

---

**Signature**

---

**Date**