

BOROUGH OF WEST CAPE MAY

CHANGE OF ADDRESS REQUEST FORM

To Whom It May Concern:

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

Name

Effective Date

Email Address

Phone Number

Property Address

Block/Lot

PLEASE PRINT

Old Address:

Street Name

City, State, Zip Code

New Address:

Street Name

City, State, Zip Code

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

Signature

Date