

CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURY PARK.COM



JOHN MOOR, MAYOR
AMY QUINN, DEPUTY MAYOR
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MICHAEL N. CAPABIANCO, CITY MANAGER
CINDY A. DYE, RMC, CITY CLERK

MAILING ADDRESS CHANGE REQUEST FORM

Date: _____

Block: _____ Lot: _____ Qual.: _____

Property Address: _____

Name(s) of Owner(s): _____

Reason for Change: _____

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

Owner Signature: X _____

Important Instructions:

1. Only property owners may request a mailing address change. Additional proof of interest is required if requested by commercial properties or LLCs.
2. If a name change is requested due to a recent purchase, it will not be changed until a copy of the recorded deed is received.
3. Changes will not be made unless proper documents are provided and cannot be accepted by phone.
4. All changes are subject to the discretion of the Tax Assessor.

Please return this form, any necessary documents, and a **copy of valid photo identification**,

by email to michael.delre@cityofasburypark.com,

or in-person to the Tax Assessor's Office located at City Hall, 1 Municipal Plaza, 2nd floor.

Changes cannot be accepted over the phone.