



**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: