



**COMMISSION DIRECTOR**  
**Robert M. Damminger**



COUNTY ASSESSOR  
**Craig Black,**  
**SCGRE/CTA**

DEPUTY COUNTY  
ASSESSOR  
**Gerard P. Mead, CTA**

DEPUTY COUNTY  
ASSESSOR  
**Robin L. Hague, CTA**

DEPUTY COUNTY  
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[www.gloucestercountynj.gov](http://www.gloucestercountynj.gov)

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex in admission to, access to, or operations of its programs, services, activities or in its employment practices. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be direct to the EEO office at (856)384-6903 or through the County's ADA Coordinator at (856)384-6842/New Jersey Relay Service 711.

**CHANGE OF MAILING ADDRESS / OWNERSHIP INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

**PROPERTY LOCATION INFORMATION**

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ QUALIFIER: \_\_\_\_\_

PLEASE SELECT:

CHANGE MAILING ADDRESS TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME SHOWN ON OUR RECORD IS IN ERROR, CORRECT TO READ:  
CORRECT TO READ: \_\_\_\_\_  
REASON FOR CHANGE: \_\_\_\_\_

(REQUESTS FOR OWNERSHIP/NAME CHANGES MUST BE ACCOMPANIED BY A  
RECORDED DEED, WILL, JUDGEMENT, POWER OF ATTORNEY, MARRIAGE  
CERTIFICATE, OR DEATH CERTIFICATE.)

TELEPHONE NUMBER: \_\_\_\_\_

OWNERS SIGNATURE: \_\_\_\_\_