# TOWNSHIP OF BLAIRSTOWN

106 Route 94
Blairstown, NJ 07825

DATE_____

TO: **TAX ASSESSOR and TAX COLLECTOR**

Block #_____ Lot #_____ _____

Property location _____

Name as it appears on tax record _____

Please make the following changes to our property tax record:
(PRINT)

Name _____
(name changes require documentation: copy of Marriage License, copy of Power of Attorney, copy of recorded Deed, or other related information)

Address _____

_____

_____

Zip Code _____

Bank Code : Remove _____ add or change _____

To add or change a bank supply bank code, name and address of bank Phone number, and contact person.

_____

_____

_____

Other Changes: _____

_____

_____

Please print name _____

Please sign name _____

**Form must have original signature. Forms that are faxed or emailed will not be accepted.**