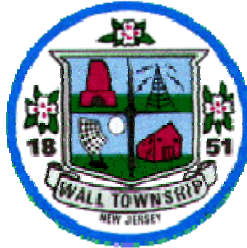


**TOWNSHIP OF WALL
2700 ALLAIRE ROAD
P O BOX 1168
WALL, NEW JERSEY 07719-1168**



CHANGE OF MAILING ADDRESS REQUEST

ATTENTION: ASSESSORS OFFICE

DATE: _____

BLOCK: _____ **LOT:** _____ **QUAL:** _____
(if applicable)

PROPERTY LOCATION: _____

CURRENT MAILING ADDRESS: _____

REQUEST MAILING ADDRESS CHANGE TO:

Name of Person Requesting Change:* _____

SIGNATURE:* _____

**This information must be supplied to process request. Fax number (732) 449-8997*