



## TOWNSHIP OF BLOOMFIELD

Bloomfield, New Jersey 07003-3487

### **REQUEST FOR CHANGE OF MAILING ADDRESS**

A COPY OF DRIVER'S LICENSE IS REQUIRED IN ORDER TO PREVENT ANY ERRORS

**Date:**

**Requested by:**

**Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Qual:** \_\_\_\_\_

**Property Location:** \_\_\_\_\_

**New Address:** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**