



PAUL DIETRICH
City Manager
ERIN C. BURKE
City Clerk

ZACK MULLOCK
Mayor
LORRAINE M. BALDWIN
Deputy Mayor
MAUREEN MCDADE
Councilmember
SHAINE P. MEIER
Councilmember
MICHAEL G. YEAGER
Councilmember

ADDRESS CHANGE/REQUEST FORM

DATE: _____

- ADDRESS CHANGE
- AUTHORIZATION TO BILL TENANT
- OTHER: _____
- BILL ADJUSTMENT
- METER CHECK

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

BLOCK _____ LOT _____ QUALIFICATION _____

PROPERTY ADDRESS: _____

HOME PHONE: _____ OUT OF AREA PHONE: _____

BUSINESS PHONE: _____ FAX: _____

CELL PHONE: _____ CELL PHONE: _____

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If your request concerns a specific bill, attach a copy of bill. Please state your request specifically and clearly. For an address change, indicate whether tax, water/sewer, or both records are to be changed. If a tenant is being billed and fails to pay, the property is still subject to tax sale for all delinquencies.

SIGNATURE OF PROPERTY OWNER

City of Cape May
National Historic Landmark

City Hall • 643 Washington Street • Cape May, New Jersey 08204-2397 • (609) 884-9525 • Fax: (609) 884-8589

www.capemaycity.com



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