



**TAX COLLECTOR'S
OFFICE**
SOUTH ORANGE VILLAGE

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PROPERTY RECORD CHANGE FORM

ACCT # _____

BLOCK: _____ LOT: _____

If a change of mailing address is in order, please complete the form below and return to our office by mail with your payment, by fax at the number above or drop it off to our office Monday-Friday 8:30am to 4:30pm.

OWNER OF RECORD _____

MAILING ADDRESS: _____

CITY and STATE: _____

ZIP CODE: _____

PROPERTY LOCATION: _____

Property Owner's Signature _____ Date _____