

TAX ASSESSOR
Borough of Sea Girt

PROPERTY INFORMATION CHANGE FORM

Block #: _____ Lot #: _____ Qualifier _____

NAME _____

CHANGE ADDRESS TO _____

CITY _____

STATE _____ ZIP CODE _____

TELEPHONE # _____

REASON FOR CHANGE _____

NAME OF PERSON REQUESTING CHANGE (if not the current owner; valid identification is required):

SIGNATURE _____

DATE REQUESTED _____

Please note:

1. If the change is due to a recent purchase, the name will not be changed until the copy of the recorded deed is received from the County.
2. If a name change is requested due to the death of the current owner, the executor must produce valid identification along with a certified copy of the death certificate (with raised seal) and an original Surrogate or Probate report
3. If a name change is requested due to a marriage, a certified copy of the marriage certificate (with raised seal) is required, along with valid identification of the person requesting the change.
4. No changes will be processed until all required documents are submitted or received.