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.