THE BOROUGH OF BROOKLAWN

REQUEST FOR ADDRESS CHANGE FORM

Please note: This new address change will affect all records the Borough has including, tax bill, water/sewer bill, building department etc.

Please change my mailing address effective immediately for:

Block _____

Lot _____

From (old mailing address) _____

_____

_____

To new mailing address _____

_____

_____

Signature of Homeowner _____

Date _____