

# Township of Sparta

*Assessor's Office*



65 Main Street  
Sparta, New Jersey 07871  
Ph. 973.729-2626  
Fax 973.729-2012  
Joseph.Ferraris@spartanj.org

## REQUEST FOR CHANGE OF MAILING ADDRESS

DATE: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ QUAL: \_\_\_\_\_

OWNERSHIP: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

PHONE#: \_\_\_\_\_ FAX #: \_\_\_\_\_

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**REASON FOR CHANGE** (please select one):

NEW OWNER:

MAIL FORWARDING/MOVED:

**MAILING ADDRESS CHANGE IS FOR** (please select proper account):

WATER ACCOUNT:

TAX ACCOUNT:

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PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_