

GLOUCESTER COUNTY
OFFICE OF ASSESSMENT



COMMISSION DIRECTOR
Robert M. Damminger

CHANGE OF MAILING ADDRESS / OWNERSHIP INFORMATION



COUNTY ASSESSOR
Craig Black,
SCGRE/CTA

DEPUTY COUNTY
ASSESSOR
Gerard P. Mead, CTA

DEPUTY COUNTY
ASSESSOR
Robin L. Hague, CTA

DEPUTY COUNTY
ASSESSOR
Jeffrey J. Taylor, CTA

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The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex in admission to, access to, or operations of its programs, services, activities or in its employment practices. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be direct to the EEO office at (856)384-6903 or through the County's ADA Coordinator at (856)384-6842/New Jersey Relay Service 711.

DATE: _____

NAME: _____

PROPERTY LOCATION INFORMATION

STREET ADDRESS: _____

TOWN: _____

BLOCK: _____ LOT: _____ QUALIFIER: _____

PLEASE SELECT:

☐ CHANGE MAILING ADDRESS TO: _____

☐ NAME SHOWN ON OUR RECORD IS IN ERROR, CORRECT TO READ:
CORRECT TO READ: _____
REASON FOR CHANGE: _____

(REQUESTS FOR OWNERSHIP/NAME CHANGES MUST BE ACCOMPANIED BY A
RECORDED DEED, WILL, JUDGEMENT, POWER OF ATTORNEY, MARRIAGE
CERTIFICATE, OR DEATH CERTIFICATE.)

TELEPHONE NUMBER: _____

OWNERS SIGNATURE: _____