



TOWNSHIP OF GALLOWAY  
OFFICE OF THE TAX COLLECTOR

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300 E. JIMMIE LEEDS ROAD, GALLOWAY, NJ 08205  
(609) 652-3700 EXT. 235 FAX: (609) 652-8737

Change of Mailing Address Form

Name: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier: \_\_\_\_\_

Property Location: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

This form is to be completed in full by the property owner and will become part of the property record file.  
Please return this form attention to Joan Truman, Deputy Tax Collector or fax to: 609-652-8737