



Town of Kearny Tax Assessor

402 Kearny Avenue
Kearny, New Jersey 07032
(201) 955-7981
Fax: (201) 955-1827

MAIL FORWARDING - CHANGE OF ADDRESS REQUEST

Block: _____ Lot: _____ Q: _____

Property Location: _____

New Mailing Address: _____

● **NOTE: Copy of ID (Driver's License) Required**

Requested by: Owner: _____

 Not Owner: _____

 Relationship to Owner: _____

Reason for requesting change of address: _____

Print Name: _____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

Signature: _____ Date: ____/____/____

Phone#: (____) _____ - _____

E-Mail: _____

