

CHANGE OF ADDRESS REQUEST FOR
WATER & TAX BILLS

~ BOROUGH OF HAWTHORNE ~

WATER / TAX ACCOUNT#:* _____

BLOCK _____ **LOT** _____

*** A copy of the water or tax bill must be attached when submitting this form.**

PROPERTY OWNER _____ **TENANT** _____

CURRENT INFO:

NAME: _____

BILLING ADDRESS: _____

CHANGE TO:

NAME: _____

BILLING ADDRESS: _____

PHONE NO.: _____

SIGNATURE: _____ **DATE:** _____

TO SUBMIT: Mail or fax this form AND a copy of the bill to:

Dept of Finance
Borough of Hawthorne
445 Lafayette Ave, Suite 101
Hawthorne, NJ 07506
Fax: 973.427.2819

****** NOTE: Request for changes will be verified by property owner******