



# **TOWNSHIP OF MOUNT OLIVE**

PO Box 450  
204 Flanders-Drakestown Road  
Budd Lake, NJ 07828  
Phone: (973) 691-0900  
Fax: (973) 691-9257

## ADDRESS AND/OR NAME CHANGE

Return Form To:

Email: [jmarch@mtolivetwp.org](mailto:jmarch@mtolivetwp.org)

Or Fax: 973-691-9257

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Qualifier (if Applicable): \_\_\_\_\_

Property Owner: \_\_\_\_\_

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

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

Address Change For: (Check All that Apply)

- ☐ Tax (please provide documentation for proof of name change)
- ☐ Utilities

Change mailing address to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Change name From: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_  
Name: PLEASE PRINT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date