



Borough of Highlands  
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# Change of Address

Tax Department

(Please Print Clearly)

Subject Property	
Block # _____	Lot# _____

Please Change Billing Address To			
Name _____	_____	_____	_____
Street _____	City _____	State _____	Zip _____
Signature _____	_____	_____	_____
Date _____	_____	_____	_____