

**CITY OF SEA ISLE CITY  
TAX ASSESSOR**

233 JOHN F. KENNEDY BLVD.  
2<sup>ND</sup> FLOOR ROOM #207  
SEA ISLE CITY, NJ 08243  
FAX: 609-263-6139

**CHANGE OF MORTGAGE ESCROW STATUS**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ QUAL: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

I PAY MY OWN PROPERTY TAXES DIRECTLY TO SEA ISLE CITY: \_\_\_\_\_

MY MORTGAGE COMPANY ESCROWS FOR PROPERTY TAX PAYMENTS:

NAME OF MORTGAGE COMPANY: \_\_\_\_\_

ADDRESS OF MORTGAGE COMPANY: \_\_\_\_\_

ACCT # / LOAN #: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME