

**CITY OF SEA ISLE CITY
TAX ASSESSOR**

233 JOHN F. KENNEDY BLVD.
2ND 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