

CHANGE OF ADDRESS FORM FOR RESIDENTS

First Name: _____ Last Name: _____

Email: _____

Property Location: _____
(In West Wildwood)

Mailing Address 1: _____
(This is where you will receive all Borough bills/correspondences)

Address 2: _____

City: _____

State: _____ Zip _____

Phone#1 _____ Cell# _____

Emergency Contact

Name: _____

Phone: _____

Add to Emergency Notification System? Yes / No *(Circle Y or N)*

Add to email list? Yes / No Preferred email _____

Misc: _____

FAX TO 609-522-9055 * MAIL OR DELIVER IN PERSON