



TOWNSHIP OF JACKSON

Tax Collector's Office
95 West Veteran's Highway
Jackson, NJ 08527
(732) 928-1200
Fax (732) 928-5287

Tax Authorization Form

DATE _____

PRINT NAME _____

ADDRESS _____

BLOCK# _____ LOT# _____

PLEASE AUTHORIZE BELOW WHETHER YOU WILL BE PAYING YOUR OWN TAXES OR IF YOU WOULD LIKE US TO SEND YOUR TAX BILLS AND RELATED NOTICES DIRECTLY TO YOUR LENDING INSTITUTION FOR THEM TO PAY OUT OF YOUR ESCROW ACCOUNT. THANK YOU KINDLY.

_____ CHECK HERE IF YOU WILL BE PAYING YOUR OWN TAXES

_____ CHECK HERE IF YOU WILL BE AUTHORIZING US TO SEND TAX BILLS TO YOUR MORTGAGE COMPANY/BANK

NAME OF BANK _____

ADDRESS _____

TELEPHONE NUMBER _____

SIGNATURE _____

HOMEOWNER PHONE # _____

*****PLEASE FILL OUT THIS FORM TO IN ITS ENTIRETY & RETURN TO US AS SOON AS POSSIBLE. THANK YOU*****

_____ HOMEOWNER HAS BILL

_____ GAVE/MAILED HOMEOWNER A BILL