

1. **TRANSACTION TYPE:** Sale Change Owner Satisfaction

2. **PROPERTY IDENTIFICATION INFORMATION:**

Municipality: _____ County: _____
Block: _____ Lot: _____ Qualification: _____ Acct. #: _____
Property Location: _____
Owner Name: _____
Owner Mailing Address: _____

3. **ESCROW ACCOUNTING RESPONSIBILITY**

CURRENT

NEW

MORTGAGEE

Name: _____
Address: _____
Contact: _____ Phone #: _____
Bank Code # _____ Loan Number: _____

Name: _____
Address: _____
Contact: _____ Phone #: _____
Bank Code # _____ Loan Number: _____

SERVICER

Name: _____
Address: _____
Contact: _____ Phone #: _____
Bank Code # _____ Loan Number: _____

Name: _____
Address: _____
Contact: _____ Phone #: _____
Bank Code # _____ Loan Number: _____

PROPERTY TAX PROCESSOR

Name: _____
Address: _____
Contact: _____ Phone #: _____
Bank Code # _____ Loan Number: _____

Name: _____
Address: _____
Contact: _____ Phone #: _____
Bank Code # _____ Loan Number: _____

NOTE: *The rules (N.J.A.C. 5:33-4.5) require that the original tax bill be forwarded to the new property tax payor.*

4. **PROPERTY SALE OR OWNER SATISFACTION OF MORTGAGE:**

Enter Date of Transaction: _____

5. **FORECLOSURE NOTICE REQUEST** (pursuant to N.J.S.A. 54:5-104.48): Check the following box if the undersigned mortgagee requests notice of foreclosure in the event of In Rem Tax foreclosure proceedings on the above listed property. **NOTICE REQUESTED**

6. **APPROVAL, CERTIFICATION AND CONCURRENCE:**

The undersigned, being duly authorized submits this Escrow Account Transaction Notice to the Tax Collector of the municipality in which the above listed property is located and attests to its accuracy. The form may be countersigned by the purchaser in satisfaction of N.J.S.A. 17:16F-17(d) prior to submission to the Tax Collector. A copy of this form or other form with the same information must be sent to the mortgagee.

Seller's Authorized Agent

Signature: _____
Printed Name: _____
Company Name: _____
Phone Number: _____
Date: _____

Purchaser's Authorized Agent

Signature: _____
Printed Name: _____
Company Name: _____
Phone Number: _____
Date: _____