REQUEST FOR CERTIFIED LIST OF OWNERS WITHIN 200/ FEET OF SUBJECT PROPERTY

To: Tax Assessor
Blairstown Township
106 Rt. 94
Blairstown, NJ 07825

Date: _____

I hereby request a certified list of property owners within two hundred (200') feet of

Block: _____ Lot: _____

Enclosed please find fee of $10 00, payable to **Blairstown Township,** as required for said certified list.

☐ I will pick up. ☐ Please mail to address below.

Signed: _____

Name: _____

Address: _____

_____

Phone: _____

THE COMPLETED CERTIFIED LIST WILL BE FORWARDED TO THE ABOVE NAMED APPLICANT (AS REQUESTED) WITHIN THE STATUTORY DEADLINE OF SEVEN (7) WORKING DAYS FROM DATE REQUEST IS RECEIVED IN THE ASSESSOR'S OFFICE