

**REQUEST FOR CERTIFIED LIST**

Date of Request: \_\_\_\_\_

I, \_\_\_\_\_, hereby request a certified list of property owners within 200 feet of the following block(s) and lot(s):

Block(s):	_____	Lot(s)	_____
	_____		_____
	_____		_____

Enclose a check in the amount of \$10.00, payable to Eastampton Township for the certified list

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Mail completed form and check to:  
Tax Assessor's Office  
Eastampton Township  
12 Manor House Court  
Eastampton, NJ 08060