



BOROUGH OF SHIP BOTTOM REQUEST FOR CERTIFIED LIST

ATTN: TAX ASSESSOR

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): _____

Street Address: _____

Property Owner: _____

Requested by: _____

Address of Requestor:

Application is for:

- Variance
- CAFRA
- Site Plan
- Minor Subdivision
- Other

\$10.00 Application fee must be paid in advance of preparation.

Return to:

Tax Assessor's Office
Borough of Ship Bottom
1621 Long Beach Blvd.
Ship Bottom, NJ 08008
Phone: 609-494-2171 x103
Fax: 609-494-7534

DO NOT WRITE BELOW. ADMINISTRATIVE USE ONLY.

Cash: \$ _____ Check: \$ _____ Check No.: _____ Date Received: _____