

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

To: Tax Assessor
Blairstown Township
106 Route 94
Blairstown, NJ 07825

Date _____

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

Telephone (Home): _____ (Cell): _____

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.