

REQUEST FOR LIST OF PROPERTY OWNERS

DATE OF REQUEST: _____

NAME: _____ **PHONE NO:** _____

PROPERTY ADDRESS: _____

EMAIL ADDRESS: _____

BLOCK: _____ **LOT NO.:** _____

**REQUEST THAT A CERTIFIED LIST OF NAMES AND ADDRESSES OF
PROPERTY OWNERS WITHIN 200 FEET OF THE ADDRESS LISTED ABOVE
AS SHOWN ON THE TAX MAP AND CURRENT TAX DUPLICATES OF THE
BOROUGH OF COLLINGSWOOD BE FURNISHED IN ACCORDANCE WITH
THE REQUIREMENTS OF N.J.S.A. 40:55D-12-C.**

Taxes: _____

Water/Sewer: _____

Lien: _____

NAME: _____

DATE: _____

FEE PAID \$10.00 _____
(to be signed at pick up)

For Office Use

**DEPOSIT INTO 801 FEES & PERMITS
CC: Anita Schoeffling**