

DATE _____
COST \$10.00 _____ CK _____ CS _____

REQUEST FOR CERTIFIED LIST OF OWNERS

TO: Tax Assessor, Borough of Medford Lakes
Cabin Circle
Medford Lakes, NJ 08055

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

BLOCK: _____ LOT: _____

SIGNED: _____

NAME: _____

ADDRESS: _____

PHONE: _____