



BURLINGTON TOWNSHIP OFFICE OF THE ASSESSOR

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Tax Assessor
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Deputy Tax Assessor
bmanzi@twp.burlington.nj.us

REQUEST FOR CERTIFIED LIST

DATE: _____

MAIL TO ADDRESS ABOVE

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

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

Enclosed is a check in the amount of \$10.00, payable to Burlington Township to cover the fee for the certified list.

\$10.00 received from _____

Signed: _____

Name: _____

Mailing Address: _____

Phone: _____ (Home)

_____ (Cell)

Email: _____