

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION**

MAILING ADDRESS:
DIVISION OF TAXATION
PO BOX 277
TRENTON, NJ 08646-0277

APPLICATION FOR CERTIFICATE OF TAX LIEN SEARCH

(Please type or print and submit in duplicate with \$25.00 fee)

Name and Address of Applicant _____

Applicant's
Title No. _____ Serial No. _____ FID No. _____

Name of Corporation _____ Title From: _____
Held To: _____

State and Date of Incorporation _____ Cert. of Auth. Granted _____

| |
|-----------------------|
| FOR DIVISION USE |
| Application No. _____ |

Certificate of Tax Lien Search is desired in connection with:

State type of legal transaction (such as mortgage, financing, sale of real estate)

about to be executed on premises in which the above named corporation appears, or will appear in the chain of title down to the date specified; said premises being described as follows: (see #3 below).

Date

Signature of Applicant

INSTRUCTIONS:

1. Certificate will be issued to indicate status of corporation bearing name exactly as shown on application for tax lien search certificate. Any variation of the name as shown on the application will require submission of an additional application plus the \$25.00 application fee. Be sure to include the State and Date of incorporation.
2. Under "Title Held", enter date prior to day on which the corporation acquired title and date following the day on which the corporation was divested of the title (same procedure as commonly followed in searching for judgment liens); or, if present owner, show current date.
3. Give a brief description of the property, showing municipality and county within this State, block and lot numbers for local tax purposes, approximate dimensions and respective book and page of deed by which the corporation acquired title.

DIVISION USE ONLY

| <u>Return</u> | <u>Amount of Delinquent Taxes</u> | <u>Explanation</u> |
|---------------|-----------------------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Date Completed _____

Authorized by _____

NOTE - PRE-CARBONED - DO NOT USE CARBON PAPER