

MUNICIPAL TAX SEARCH INFORMATION REQUEST

N.J.A.C. 18:17-4.1 (a) (6).

Date of Request: _____

TO: NAME _____

FROM: NAME _____

PROPERTY BLOCK: _____ LOT: _____ QUALIFIER: _____

ADDRESS: _____
Street Address

County _____ Municipality _____

Please supply the following information regarding the above referenced property.

- If this tax search is on property which has been granted a subdivision approval within the current tax year, provide the original Block _____ and Lot _____
- Is the tax information given for the original or subdivided lot
- Is the referenced real property subject to any of the following additional assessments:

Added Assessments

No Yes Year: _____ Amount: \$ _____ Amount Unknown:

Omitted Assessments

No Yes Year: _____ Amount: \$ _____ Amount Unknown:

Rollback Assessments

No Yes Year: _____ Amount: \$ _____ Amount Unknown:

Assessor (Print): _____ Signature: _____ Date: _____