



BOROUGH OF ISLAND HEIGHTS

OFFICE OF THE TAX ASSESSOR

TO: Island Heights Tax Assessor

FROM: _____

SUBJECT: Request for Certified List of Property Owners and Addresses

DATE: _____

BLOCK: _____ LOT(s): _____

OWNERS NAME: _____

STREET ADDRESS: _____

PO BOX #: _____

EMAIL ADDRESS: _____

Request is hereby made for certified list of the names and addresses of property owners of all properties within a hundred (200) foot radius of the property detailed above.

I understand that payment in the amount of Ten (\$10.00) Dollars (cash, check or money order) must be submitted with this request. Checks should be made payable to the "Borough of Island Heights."

**PO Box 797
1 East End Avenue
Island Heights, NJ 08732
(732) 270-6415
Fax: (732) 270-8586**