

# TOWNSHIP OF MAPLE SHADE

## Assessor's Office

### REQUEST FOR CERTIFIED LIST

DATE: \_\_\_\_\_

MAIL TO: Tax Assessor, Township of Maple Shade  
200 Stiles Avenue  
Maple Shade, NJ 08052

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

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

The fee payable to Maple Shade Township for the certified list of property owners to be paid by the applicant per ordinance 88-9 is *“a sum not to exceed \$0.25 per name, or \$10, whichever is greater”*.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_