

Township of Wall
Land Use Department

APPLICATION FOR CERTIFIED LIST

Date: _____

1) Property Description:

Block _____, Lot(s) _____

Block _____, Lot(s) _____

2) Presently assessed to:

Name _____

Address _____

_____ Zip Code _____

3) Person to receive list:

Name _____

Address _____

_____ Zip Code _____

4) Applicant/Agent Signature _____

Date _____