

Township of Wall
Land Use Department

APPLICATION FOR CERTIFIED LIST

Date: _____

1) Property Description:

Block _____, Lot(s) _____

Block _____, Lot(s) _____

Block _____, Lot(s) _____

Block _____, Lot(s) _____

Block _____, Lot(s) _____

Block _____, Lot(s) _____

2) Person to receive list:

Name _____

Email Address _____

3) Mailing Address: ***Complete only if you prefer to have a hard copy mailed instead of an emailed copy.***

Address _____

_____ Zip Code _____

4) Applicant/Agent Signature _____

Application fee of \$10.00 must be submitted with this form.

If the property is not located within Wall Township, please obtain a current tax map sheet depicting the property from the municipality in which the property is located and submit it with this form.