



# Township of Monroe

125 Virginia Avenue  
Williamstown, NJ 08094  
(856) 728-9800



## CERTIFIED LIST OF NAMES REQUEST FORM

DATE:

TO: Gloucester County Assessor's Office  
Attn: Andrea Reahm

FAX TO: (856) 307-6447

EMAIL TO: [alreahm@co.gloucester.nj.us](mailto:alreahm@co.gloucester.nj.us)

FROM: Monroe Township Clerk's Office

**\*This form must be submitted to the Monroe Township Clerk's Office with payment\***

### REQUESTER INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Preferred Delivery: Pick-Up \_\_\_\_\_ US Mail \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INFORMATION REQUESTING:

#### ➤ Certified List of Names – 200 ft. list

Block \_\_\_\_\_ Lot \_\_\_\_\_

Address \_\_\_\_\_

☐ If other than 200 ft., please specify: \_\_\_\_\_

➤ # of Copies: \_\_\_\_\_ x \$10.00 each = \$ \_\_\_\_\_

Cash / Money Order \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

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Department Signature \_\_\_\_\_ Date \_\_\_\_\_