

Township of Sparta

Assessor's Office



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CERTIFIED LIST REQUEST

DATE: _____

BLOCK: _____ LOT: _____ QUAL: _____

OWNERSHIP: _____

PROPERTY LOCATION: _____

APPLICANT/AGENT: _____

I HEREBY REQUEST A CERTIFIED LIST OF PROPERTY OWNERS WHOSE PROPERTY IS WITHIN 200' (TWO HUNDRED FEET) OF THE ABOVE LISTED PROPERTY(IES). THE PURPOSE OF THIS IS FOR ACTION BEFORE THE :

PLANNING BOARD:

ZONING BOARD:

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE#: _____ FAX #: _____

EMAIL: _____

PRINT NAME: _____

SIGNATURE: _____

OFFICE USE ONLY

MAP PAGE: _____

ADD'L LOTS: _____

PREV. REQ: _____

RECEIPT: _____