

CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURYPARK.COM



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AMY QUINN, DEPUTY MAYOR
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JESSE KENDLE, COUNCILPERSON

DONNA M. VIEIRO, CITY MANAGER
LISA ESPOSITO, RMC, CITY CLERK

LIEN REDEMPTION REQUEST

Today's Date: _____

Block #: _____, Lot #: _____, Qualifier #: _____

Property Location: _____

Tax Sale Certificate #: _____

I _____ hereby request redemption figures on the lien referenced above. I certify that I am the OWNER or qualified party of interest with the legal authority to remit redemption.

Please calculate figures through _____ <PAYMENT DATE
Date must be at least 2 business days from the request date

I understand that all payments must be in the form of CASH,
CERTIFIED/BANK CHECK or MONEY ORDER.

Signature: _____

Legal Interest in Property (Owner?)

Printed Name: _____

Please provide proof of interest in property with this form

CONTACT INFORMATION:

Phone: _____ Fax: _____

E-mail: _____

***Please complete the entire form and return by Fax: 732-502-9658 or
E-mail: taxcollector@cityofasburypark.com, with a copy of photo ID***