



300 Engleside Avenue
Beach Haven, NJ 08008
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taxoffice@beachhaven-nj.gov

Tax Sale Certificate Redemption Request Form
FIGURES MAY CHANGE WITHOUT NOTICE
PAYMENT OF LIENS MUST BE BY CERTIFIED FUNDS OR CASH
EMAIL OR FAX TO EMAIL ADDRESS OR FAX NUMBER ABOVE
THERE IS A 3-DAY TURN-AROUND ON ALL REQUESTS

PERSON REQUESTING REDEMPTION: _____

COMPANY: (if not owner): _____ PHONE NUMBER: _____

ADDRESS: _____

FAX NUMBER: _____ EMAIL : _____

BLOCK: _____ LOT: _____ QUAL: _____

PROPERTY OWNER: _____ PROPERTY LOCATION: _____

CERTIFICATE HOLDER NAME: _____

CERTIFICATE NUMBER: _____

DATE PAYMENT WILL BE IN OUR OFFICE: _____
(EXACT DATE REQUIRED)

PRINT NAME

SIGNATURE

DATE

****PROOF OF LEGAL INTEREST MUST ACCOMPANY REQUEST.****

***PLEASE CHOOSE YOUR PAYMENT DATE CAREFULLY AS THIS IS THE DATE THAT PAYMENT MUST BE IN THIS OFFICE. IF RECEIVED BEFORE OR AFTER THE DATE REQUESTED, FUNDS WILL BE RETURNED. *PLEASE NOTE AFTER TWO REQUESTS ON THE SAME CERTIFICATE, A \$50.00 FEE MUST BE COLLECTED FOR EACH ADDITIONAL REQUEST PER CALENDAR YEAR.**