



**“The Queen City, Six Miles at Sea”**  
**300 Engleside Avenue**  
**Beach Haven, NJ 08008**  
**Phone: 609-492-0111 Fax: 609-492-6262**

DATE: \_\_\_\_\_

REQUEST IS MADE FOR REIMBURSEMENT OF THE FOLLOWING:

**LAND USE BOARD BONDS:**

- \_\_\_\_ Performance
- \_\_\_\_ Maintenance
- \_\_\_\_ Escrow Return
- \_\_\_\_ Curb & Sidewalk

**OTHER BOND TYPES:**

- \_\_\_\_ Dumpster
- \_\_\_\_ Piling: Bldg: \_\_\_\_ Pool: \_\_\_\_ Closed: Y    N
- \_\_\_\_ Street Opening: Street Opening #: \_\_\_\_\_
- \_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Property Address: \_\_\_\_\_ Block/Lot: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

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

Amount to Be Reimbursed: \_\_\_\_\_

**\*I UNDERSTAND THAT ALL REIMBURSEMENTS MUST BE APPROVED BY COUNCIL BEFORE A CHECK MAY BE ISSUED.**

**For Curb & Sidewalk and Street Opening Bonds Only:** I understand that all reimbursement checks will be issued, at least 12 months after the original permit is granted and after a successful inspection by the Borough Engineer and the Superintendent of Public Works.

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

\*\*\*\*\*Borough Use Only\*\*\*\*\*

Dept. Head: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Y: \_\_\_ N: \_\_\_ Why: \_\_\_\_\_

Engineer: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Y: \_\_\_ N: \_\_\_ Why: \_\_\_\_\_

LUB Attorney: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Clerk/Council: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

CFO: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

RESOLUTION #: \_\_\_\_\_