



Beach Haven Tax Collector's Office  
300 Engleside Avenue  
Beach Haven, NJ 08008  
Phone: (609)-492-0111 Ext. 212 Fax: (609)-492-1814  
Finance@beachhaven-nj.gov

## Lien Redemption Request

FIGURES MAY CHANGE WITHOUT NOTICE  
PAYMENT OF LIENS MUST BE BY CERTIFIED FUNDS OR CASH  
Two requests per year are free of charge  
Payment of \$50 will be required for all additional requests

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

Property Location \_\_\_\_\_

Lien # (if known) \_\_\_\_\_

1. Person and/or Company making request. (include mailing address)

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2.  Owner  
 Title Company (please fill in #3)  
 Mortgage Co (as listed above)  
 Tenant/Occupant of property (please provide proof)  
 Heir (please provide proof)  
 Attorney (please fill in #3)  
 Mortgage Service Agent - Provide specific Mortgage Co  
 Outside Lienholder

3. Title Company/Attorney must list the name of the person who will be redeeming the lien. This person **MUST** have an interest in the property. Proof may be required:

\_\_\_\_\_

4. Date payment will be tendered \_\_\_\_\_. When selecting a date please be aware of weekends and holidays. Allow 10 business days for processing and mailing both ways).

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