

TOWNSHIP OF STILLWATER  
OFFICE OF THE TAX ASSESSOR  
WRITTEN REQUEST FOR  
CERTIFIED LIST OF PROPERTY OWNERS

Date: \_\_\_\_\_

Property Owner : \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Block : \_\_\_\_\_ Lot: \_\_\_\_\_

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

Please Mail \_\_\_\_\_ Will Pick Up \_\_\_\_\_

Paid: **\$ 10.00**

Check Number \_\_\_\_\_ Cash \_\_\_\_\_

Not Paid: \_\_\_\_\_