

dwhiteside@lfnj.com

REDEMPTION REQUEST THERE IS A 5-DAY TURN-AROUND ON ALL REQUESTS

PERSON REQUESTING REDEMPTION:	
COMPANY: (IF NOT OWNER)	
PHONE NUMBER:	
FAX NUMBER OR EMAIL ADDRESS:	
REDEEMING PARTY: (IF NOT OWNER)	
BLOCK/LOT/QUAL:	
PROPERTY OWNER:	
PROPERTY LOCATION:	
DATE PAYMENT WILL BE IN OUR OFFICE: ****EXACT DATE REQUIRED****	
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SIGNATUR	
DATE	Marin day of the state of the s

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-BANK CASHIER'S CHECKS ONLY. 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.