



CITY OF PASSAIC TAX COLLECTOR'S OFFICE

330 Passaic Street
Passaic, NJ 07055
Phone • 973-365-5530 • Fax 973-365-5532
E-mail • taxcollector@cityofpassaicnj.gov

LIEN REDEMPTION REQUEST FORM

Today's Date _____

Block # _____ Lot # _____ Qual # _____

Property Location _____

Tax Sale Certificate # _____

I, _____, hereby request redemption figures on the lien referenced above. I certify that I am the OWNER or qualified party of interest with the legal authority to remit redemption.

Please calculate figures through **payment date** of _____.
I understand that all payments must be in the form of CERTIFIED/BANK CHECK or MONEY ORDER.

Print Name _____

Signature _____

Phone _____ Email _____

Legal Interest in Property _____

Please return the following items by email (letterhead) or in person to the Tax Collector's Office.

1. Completed Form, 2. Copy of Photo ID, and 3. Proof of Interest in Property

Note: More than two (2) requests made by the same person(s) for the same lien(s) within the same year is subject to a fee of \$50.00 per subsequent request payable to the City of Passaic.