



**FORM "O"**

**CERTIFICATION BY TAX COLLECTOR**

Application # \_\_\_\_\_ Date Submitted by Applicant: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Dear Applicant:

This Certification shall acknowledge your request that I provide a Certification concerning the status of taxes owed regarding the premises located at the following address:

\_\_\_\_\_

which is also known as Block \_\_\_\_\_, Lot \_\_\_\_\_, Zone \_\_\_\_\_ in the City of Hackensack.

THIS SHALL CERTIFY THAT AS OF THE DATE NOTED BELOW THAT THE TAXES ON THE AFOREMENTION PROPERTY

\_\_\_\_\_ ARE CURRENT

\_\_\_\_\_ ARE PAST DUE

\_\_\_\_\_ PLEASE CALL THE TAX OFFICE

This information has been provided to the applicant at the address noted above.

\_\_\_\_\_  
Elisa Coccia, CTC  
Tax Collector

\_\_\_\_\_  
Date Certified by Tax Collector