Borough of Milltown
Collector's Office
39 Washington Ave.
Milltown, NJ 08850
(732)828-2100 extension 190

Lien Redemption Request

Requestor Information:

Name of Requestor _____ E-mail _____

Phone Number _____ Fax Number _____

Address of Requestor _____ Street Address _____ Town _____ State _____ Zip

The Title Company and/or 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.

Property Information:
Block _____ **Lot** _____ **Qualifier** _____

Property Location _____ Street Address _____ Lien No.

Name of Person Redeeming _____ Name _____ Relationship to Owner of Record

Please mark where applicable:

☐ **Owner/Heir (please provide proof)**

☐ **Title Company/ Mortgage Company/Mortgage Service Agent**

☐ **Attorney**

☐ **Outside Lienholder**

Requestor's Signature _____ Print Name _____ Date _____