



DEPARTMENT OF FINANCE  
**CITY OF CAMDEN**  
NEW JERSEY

Bureau of Revenue Collections  
TEL: (856) 757-7003

VICTOR CARSTARPHEN  
MAYOR

## LIENHOLDER AFFIDAVIT OF PAYMENT

DATE: \_\_\_\_\_ TAX CERTIFICATE NUMBER: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ QUALIFIER: \_\_\_\_\_

I, \_\_\_\_\_ HEREBY CERTIFY THAT I HAVE PAID THE SUBSEQUENT MUNICIPAL CHARGES WHICH ARE TO BE ADDED TO THE MUNICIPAL LIEN HELD BY ME IN THE FOLLOWING AMOUNT:

PRINCIPAL \_\_\_\_\_

INTEREST \_\_\_\_\_

RECORDING \_\_\_\_\_

OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_

\_\_\_\_\_

LIENHOLDER SIGNATURE

SWORN AND SUBSCRIBED BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_

TAX COLLECTOR OR NOTARY PUBLIC

**THIS AFFIDAVIT MUST BE ON FILE IN THE COLLECTOR'S OFFICE OF THE CITY OF CAMDEN IN ACCORDANCE WITH NJ STATUTE 54:5-62 AND 54:5-99 IN ORDER TO BE CREDITED TO THE TAX SALE CERTIFICATE.**