

7016 0340 0000 1629 1374

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**OFFICIAL USE**

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage	\$	
Total Postage and Fees	\$	

Sent To  
 Street and Apt. No., or PO Box No.  
 Current Owner  
 1 Create Bay Dr  
 City, State, ZIP+4®  
 SOMERS POINT NJ 08244

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage	\$	
Total Postage and Fees	\$	

Sent To  
 Street and Apt. No., or PO Box No.  
 Connectiv Real Estate Development  
 5100 Harding Highway Suite 377  
 City, State, ZIP+4®  
 MATS LANDING NJ 08330

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Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage	\$	
Total Postage and Fees	\$	

Sent To  
 Street and Apt. No., or PO Box No.  
 Current Owner  
 109 HOLLY HILLS DR  
 City, State, ZIP+4®  
 SOMERS POINT NJ 08244

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage	\$	
Total Postage and Fees	\$	

Sent To  
 Street and Apt. No., or PO Box No.  
 Current Owner  
 005 3rd AVE  
 City, State, ZIP+4®  
 BOESLEYS POINT NJ 08223

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Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage	\$	
Total Postage and Fees	\$	

Sent To  
 Street and Apt. No., or PO Box No.  
 Current Owner  
 108 Woodland Ave  
 City, State, ZIP+4®  
 SOMERS POINT NJ 08244

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 0340 0000 1629 1312

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Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy) \$		
<input type="checkbox"/> Return Receipt (electronic) \$		
<input type="checkbox"/> Certified Mail Restricted Delivery \$		
<input type="checkbox"/> Adult Signature Required \$		
<input type="checkbox"/> Adult Signature Restricted Delivery \$		
Postage	\$	
Total Postage and Fees	\$	

Sent To  
 Street and Apt. No., or PO Box No.  
 Current Owner  
 111 HOLLY HILLS DR  
 City, State, ZIP+4®  
 SOMERS POINT NJ 08244

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To  
Current Owner  
Street and Apt. No., or PO Box No.  
420 South Cummings Ave  
City, State, ZIP+4®  
Glassboro NJ 08028  
PS Form 3800, April 2015 PSN 7500-02-000-9047 See Reverse for Instructions

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To  
Current Owner  
Street and Apt. No., or PO Box No.  
1909 Ferndale Dr  
City, State, ZIP+4®  
Ocean City NJ 08226  
PS Form 3800, April 2015 PSN 7500-02-000-9047 See Reverse for Instructions

7021 2720 0003 3992 1895

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To  
Current Owner  
Street and Apt. No., or PO Box No.  
4 BROADWAY  
City, State, ZIP+4®  
SUMMERS POINT NJ 08244  
PS Form 3800, April 2015 PSN 7500-02-000-9047 See Reverse for Instructions

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To  
Atlantic County Planning Dept  
Street and Apt. No., or PO Box No.  
PO BOX 719 Route 9 + Dolphin Ave  
City, State, ZIP+4®  
Northfield NJ 08225  
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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To  
Current Owner  
Street and Apt. No., or PO Box No.  
300 Campbell DR #300  
City, State, ZIP+4®  
Willingboro NJ 08046  
PS Form 3800, April 2015 PSN 7500-02-000-9047 See Reverse for Instructions

7021 2720 0003 3992 1888

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark Here

Sent To  
Current Owner  
Street and Apt. No., or PO Box No.  
4 BROADWAY  
City, State, ZIP+4®  
SUMMERS POINT NJ 08244  
PS Form 3800, April 2015 PSN 7500-02-000-9047 See Reverse for Instructions

7021 2720 0003 3992 1671

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage and Fees	\$

Sent To	Current Owner
Street and Apt. No., or PO Box No.	13 BROADWAY
City, State, ZIP+4®	SOMERS POINT NJ 08244

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage and Fees	\$

Sent To	Current Owner
Street and Apt. No., or PO Box No.	1 W NEW JERSEY AVE
City, State, ZIP+4®	SOMERS POINT NJ 08244

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage and Fees	\$

Sent To	Public Service Electric & Gas Company
Street and Apt. No., or PO Box No.	M&R Corporate Properties 30 Park Plaza, T6B
City, State, ZIP+4®	Newark NJ 07102

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage and Fees	\$

Sent To	Current Owner
Street and Apt. No., or PO Box No.	3917 MULBERRY DR
City, State, ZIP+4®	MAYS LANDING NJ 08330

7021 2720 0003 3992 1918

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage and Fees	\$

Sent To	Current Owner
Street and Apt. No., or PO Box No.	4 Greata Bay Dr
City, State, ZIP+4®	SOMERS POINT NJ 08244

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Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage	\$
Total Postage and Fees	\$

Sent To	Current Owner
Street and Apt. No., or PO Box No.	3 Greata Bay DR #3
City, State, ZIP+4®	SOMERS POINT NJ 08244

7021 2720 0003 3992 1864

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Certified Mail Fee	\$	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark Here  
 JUN 17 2024

Sent To Current Owner  
 Street and Apt. No., or PO Box No.  
WAYS LANDING ROAD  
 City, State, ZIP+4®  
SOMERS POINT, NJ 08244

PS Form 3800, January 2023 PSN 7500-02-000-9047 See Reverse for Instructions

\$2.00

9589 0710 5270 0886 4692 95

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Certified Mail Fee	\$	4.40
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	3.00
<input type="checkbox"/> Return Receipt (electronic)	\$	5.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	3.00
<input type="checkbox"/> Adult Signature Required	\$	3.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	3.00
Postage	\$	10.88
Total Postage and Fees	\$	32.72

Postmark Here  
 JUN 17 2024

Sent To Current Owner  
 Street and Apt. No., or PO Box No.  
11 Broadway  
 City, State, ZIP+4®  
SOMERS POINT NJ 08244

PS Form 3800, January 2023 PSN 7500-02-000-9047 See Reverse for Instructions