

	ASSESSED VALUATIONS	TOTAL AMOUNT OF TAXES	TAXES DUE COUNTY	TAXES DUE CTY LIBRARY	TAXES DUE CTY HEALTH	TAXES DUE CTY OPEN SP	TOTAL TAXES DUE COUNTY
2012 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2013 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2014 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2015 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2016 OMIT ASSMT	0	.00	.00	.00	.00	.00	.00
2012 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2013 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2014 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2015 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2016 RLBK ASSMT	0	.00	.00	.00	.00	.00	.00
2015 ADDED ASSMT	0	.00	.00	.00	.00	.00	.00
2016 ADDED ASSMT	0	.00	.00	.00	.00	.00	.00
2015 OM/AD ASSMT	0	.00	.00	.00	.00	.00	.00
** TOTAL **	0	.00	.00	.00	.00	.00	.00

I, -----, ASSESSOR OF SHREWSBURY TWP.
DO SWEAR (OR AFFIRM) THAT THE FOREGOING LIST CONTAINS THE VALUATIONS MADE
BY ME, TO THE BEST OF MY ABILITY, OF ALL THE PROPERTY LIABLE TO TAXATION
IN THE TAXING DISTRICT IN WHICH I AM THE ASSESSOR AND THAT I HAVE VALUED
THE SAME, WITHOUT FAVOR OR PARTIALITY, AND HAVE MADE SUCH DEDUCTIONS ONLY
FOR DEBT AND EXEMPTIONS AS ARE PRESCRIBED BY LAW.

ASSESSOR

SWORN AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____,

COUNTY TAX ADMINISTRATOR

THIS IS TO CERTIFY THAT THE ABOVE ADDED AND OMITTED
LISTS ARE A TRUE AND COMPLETE RECORD OF THE ADDED
AND OMITTED TAXES ASSESSED FOR THE YEAR _____ IN THE
TAXING DISTRICT OF SHREWSBURY TWP.
IN THE COUNTY OF MONMOUTH

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

	ASSESSED VALUATIONS	TOTAL AMOUNT OF TAXES	TOTAL TAXES DUE COUNTY	TAXES DUE MUN OPEN SP	TAXES DUE MUN LIBRARY	BALANCE DUE DISTRICT
2012 OMIT-ASSMT	0	.00	.00	.00	.00	.00
2013 OMIT-ASSMT	0	.00	.00	.00	.00	.00
2014 OMIT-ASSMT	0	.00	.00	.00	.00	.00
2015 OMIT-ASSMT	0	.00	.00	.00	.00	.00
2016 OMIT-ASSMT	0	.00	.00	.00	.00	.00
2012 RLBK ASSMT	0	.00	.00	.00	.00	.00
2013 RLBK ASSMT	0	.00	.00	.00	.00	.00
2014 RLBK ASSMT	0	.00	.00	.00	.00	.00
2015 RLBK ASSMT	0	.00	.00	.00	.00	.00
2016 RLBK ASSMT	0	.00	.00	.00	.00	.00
2015 ADDED ASSMT	0	.00	.00	.00	.00	.00
2016 ADDED ASSMT	0	.00	.00	.00	.00	.00
2015 OM/AD ASSMT	0	.00	.00	.00	.00	.00
** TOTAL **	0	.00	.00	.00	.00	.00

I, -----, ASSESSOR OF SHREWSBURY TWP.
DO SWEAR (OR AFFIRM) THAT THE FOREGOING LIST CONTAINS THE VALUATIONS MADE
BY ME, TO THE BEST OF MY ABILITY, OF ALL THE PROPERTY LIABLE TO TAXATION
IN THE TAXING DISTRICT IN WHICH I AM THE ASSESSOR AND THAT I HAVE VALUED
THE SAME, WITHOUT FAVOR OR PARTIALITY, AND HAVE MADE SUCH DEDUCTIONS ONLY
FOR DEBT AND EXEMPTIONS AS ARE PRESCRIBED BY LAW.

ASSESSOR

SWORN AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____,

THIS IS TO CERTIFY THAT THE ABOVE ADDED AND OMITTED
LISTS ARE A TRUE AND COMPLETE RECORD OF THE ADDED
AND OMITTED TAXES ASSESSED FOR THE YEAR _____ IN THE
TAXING DISTRICT OF SHREWSBURY TWP.
IN THE COUNTY OF MONMOUTH

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

COMMISSIONER

TABLE OF AGGREGATES, ADDED ASSESSMENTS

		SUMMARY OF ADDED ASSESSMENTS AND APPORTIONMENT OF TAXES		
			2015	2016
I, (WE,) _____	ASSESSOR(S) _____	ADDED ASSESSED VALUATION OF LAND		
_____	_____	ADDED ASSESSED VALUATION OF BUILDINGS		
_____	_____	TOTAL VALUE OF ADDED ASSESSMENTS		
OF _____ DO SWEAR (OR AFFIRM)	_____	TOTAL VALUE OF PRORATED ASSESSMENTS		
THAT THE FOREGOING LIST CONTAINS THE VALUATIONS MADE BY ME (US),	_____	REAL PROP TAX RATE PER \$100 VALUATION	\$3.266	\$2.960
TO THE BEST OF MY (OUR) ABILITY, OF ALL THE PROPERTY LIABLE TO	_____	TOTAL TAXES ON ADDED ASSESSMENTS	\$.00	\$.00
TAXATION IN THE TAXING DISTRICT IN WHICH I AM (WE ARE) THE	_____	VETERANS & SENIOR CITIZEN DEDUCTIONS	\$.00	\$.00
ASSESSOR(S) AND THAT I (WE) HAVE VALUED THE SAME, WITHOUT FAVOR	_____	NET TAXES ON ADDED ASSESSMENTS	\$.00	\$.00
OR PARTIALITY, AND HAVE MADE SUCH DEDUCTIONS ONLY FOR DEBT AND	_____			
EXEMPTIONS AS ARE PRESCRIBED BY LAW.	_____	AMOUNT DUE COUNTY, FEB. 15, 2017 AT:		
	_____	COUNTY RATE: 2015 \$.283 PER \$100	\$.00	\$.00
	_____	2016 \$.257 PER \$100	\$.00	\$.00
	_____	CTY LIBRARY RATE: 2015 \$.019 PER \$100	\$.00	\$.00
	_____	2016 \$.018 PER \$100	\$.00	\$.00
	_____	CTY HEALTH RATE: 2015 \$.006 PER \$100	\$.00	\$.00
	_____	2016 \$.005 PER \$100	\$.00	\$.00
	_____	CTY OPEN SP RATE: 2015 \$.016 PER \$100	\$.00	\$.00
	_____	2016 \$.015 PER \$100	\$.00	\$.00
	_____	MUN OPEN SP RATE: 2015 \$.000 PER \$100	\$.00	\$.00
	_____	2016 \$.000 PER \$100	\$.00	\$.00
	_____	MUN LIBRARY RATE: 2015 \$.000 PER \$100	\$.00	\$.00
	_____	2016 \$.000 PER \$100	\$.00	\$.00
	ASSESSOR(S) _____	TOTAL DUE COUNTY	\$.00	\$.00
		TOTAL DUE MUNICIPALITY	\$.00	\$.00

SWORN AND SUBSCRIBED BEFORE ME, THIS _____		THIS IS TO CERTIFY THAT THE FOREGOING ADDED ASSESSMENTS LIST		
DAY OF _____, 20____.		IS A TRUE AND COMPLETE RECORD OF THE ADDED TAXES ASSESSED FOR THE		
_____		YEAR 2016, IN THE TAXING DISTRICT OF SHREWSBURY TWP.		
		COUNTY OF MONMOUTH		
		ATTEST:		

		COUNTY TAX ADMINISTRATOR		PRESIDENT
