



STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF TAXATION

## JUDGMENT PAYOFF REQUEST FORM

Please complete a separate form for each lien.

Date: \_\_\_\_\_

DJ # or Lien # and Date filed: \_\_\_\_\_

FID # and/or SS#: \_\_\_\_\_

Individual / Business Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Requestor: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_

Date Payoff Needed: \_\_\_\_\_

Please submit this form by one of the following methods:

**E-Mail:      Taxation.Judgments@Treas.State.NJ.US**

**Fax:            (609) 292-9614**

**US Mail:      NJ Division of Taxation  
                  Judgment Section  
                  PO Box 245  
                  Trenton, NJ 08695-0245**