



Property Information

Request Information

Update Information

File#:	BS-X01693-7915756982	Requested Date:	07/17/2024	Update Requested:
Owner:	ELSA GUZMAN	Branch:		Requested By:
Address 1:	416 21ST STREET	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	UNION CITY, NJ	# of Parcel(s):	1	

Notes

CODE VIOLATIONS	Per City of Union Department of Zoning there are no Code Violation cases on this property. Collector: City of Union Payable: 3715 Palisade Avenue, Union City, NJ, 07087 Business# 201-348-5733
PERMITS	Per City of Union Building Department there are no Open/Pending/ Expired Permit on this property. Collector: City of Union Payable: 3715 Palisade Avenue, Union City, NJ, 07087 Business# 201-348-5733
SPECIAL ASSESSMENTS	Per City of Union Tax Collector Department there are no Special Assessments/liens on the property. Collector: City of Union Payable: 3715 Palisade Avenue, Union City, NJ, 07087 Business# 201-348-5733
DEMOLITION	NO



UTILITIES

WATER

Account #: N/A
Payment Status: N/A
Status: Pvt & Lienable
Amount: N/A
Good Thru: N/A
Account Active: N/A
Collector: Veolia Water
Payable Address: 69 Devoe Pl, Hackensack, NJ 07601
Business # (800) 422-5987

UNABLE TO PROVIDE INFORMATION TO THIRD PARTIES. HOMEOWNERS AUTHORIZATION REQUIRED.

SEWER

Account #: 202830
Payment Status: DUE
Status: Pvt & Lienable
Amount: \$375.71
Good Thru: 08/20/2024
Account Active: Active
Collector: North Hudson Sewerage Authority
Payable Address: 1600 Adams St, Hoboken, NJ 07030
Business # 201-963-6043

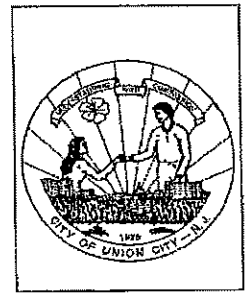
UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

GARBAGE

Garbage bills are included in the Real Estate Property taxes.



City of Union City
Office of the Municipal Clerk
Department of Revenue and Finance
OPEN PUBLIC RECORDS ACT REQUEST FORM
3715 Palisade Avenue, Union City, NJ 07087
(201)348-5733 (phone)
(201)348-2482 (fax)



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CITY CLERK
RECEIVED
CITY OF UNION CITY
2024 AUG 13 A 11:46

Important Notice
The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information - Please Print

Payment Information

First Name Kevin MI _____ Last Name Smith
 E-Mail Address MLS@stellaripl.com
 Mailing Address 2605 Maitland Center Parkway, Suite C
 City Maitland State FL Zip 32751
 Telephone (302) 261-9069 FAX 941-214-1132
 Preferred Delivery: Pick Up _____ On-Site Inspect _____ Fax _____ E-mail
 If you are requesting records containing personal information, please circle one: Under penalty of N.J.S.A. 2C:28-3, I certify that I HAVE /HAVE NOT been convicted of any indictable offense under the laws of New Jersey, any other state, or the United States.
 Signature Kevin Smith Date 07/19/2024

Maximum Authorization Cost \$ _____
 Select Payment Method
 Cash _____ Check _____ Money Order _____
 Fees: Letter size pages - \$0.05 per page
 Legal size pages - \$0.07 per page
 Other materials (CD, DVD, etc) - actual cost of material
 Delivery: Delivery / postage fees additional depending upon delivery type.
 Extras: Special service charge dependent upon request.

Record Request Information: Please be as specific as possible in describing the records being requested. Also, please note that your preferred method of delivery will only be accommodated if the custodian has the technological means and the integrity of the records will not be jeopardized by such method of delivery.

Address: 416 21ST STREET, UNION CITY, NJ 07087
 Block 113-Lot 25
 Owner: ELSA GUZMAN

1. Please advise if the above address has any OPEN/PENDING/EXPIRED Permits and demolition permits that need attention and any fees due currently.
2. Also advise if there are any open Code Violation or fines due that needs attention currently.
3. Advise if there are any unrecorded liens/fines/special assessments due.

AGENCY USE ONLY		AGENCY USE ONLY		AGENCY USE ONLY	
Received by _____ Date _____	Disposition Notes Custodian: If any part of request cannot be delivered in seven business days, detail reasons here.	Tracking Information		Final Cost	
		In Progress - Open _____ Denied - Closed _____ Filled - Closed _____ Partial - Closed _____	Tracking # _____ Rec'd Date _____ Ready Date _____ Total Pages _____	Total _____ Deposit _____ Balance Due _____ Balance Paid _____	_____
		Records Provided _____		Custodian Signature _____ Date _____	

BLQ: 113. 25. Tax Year: 2024 to 2024
Owner Name: GUZMAN, ELSA Property Location: 416 21ST ST

Tax Year: 2024	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	2,302.37	2,302.36	1,603.50	0.00	6,208.23
Payments:	2,302.37	2,302.36	1,603.50	0.00	6,208.23
Balance:	0.00	0.00	0.00	0.00	0.00

Date	Qtr	Type	Code	Check No	Mthd	Reference	Batch Id	Principal	Interest	2024 Prin Balance
										Original Billed
								6,208.23		6,208.23
01/30/24	1	Payment	001	VARIOUS	CK	21840	1369 CORELOGI	2,302.37	0.00	3,905.86
										CORELOGIC
05/03/24	2	Payment	001	VARIOUS	CK	22345	1497 CORE	2,302.36	0.00	1,603.50
										CORELOGIC
07/31/24	3	Payment	001	VARIOUS	CK	22798	1490 CORE	1,603.50	0.00	0.00
										CORELOGIC

Total Principal Balance for Tax Years in Range: 0.00