



CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N.J. 07740 (732)222-7000

## Request for Flood Zone Determination

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

Owner: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from above) \_\_\_\_\_

Email: \_\_\_\_\_  
(please indicate if email is acceptable for delivery)      Yes      No

Fax#: \_\_\_\_\_  
(if you wish the report faxed to you)

\* submit this form via email to [smoore@longbranch.org](mailto:smoore@longbranch.org)