

TOWNSHIP OF



LIVINGSTON

357 South Livingston Avenue • Livingston, New Jersey 07039  
Office 973-535-7954 – Fax 973-992-1016

REQUEST FOR COPY OF DECISION

Re: Application of \_\_\_\_\_

The undersigned hereby request a copy of the resolution of the  
\_\_\_\_\_ Township

- Planning Board
- Zoning Board of Adjustment

adopted \_\_\_\_\_ in the foregoing matter in accordance with  
N.J.S. 40:55D-10(h). Said copy of the resolution shall be sent to:

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Municipality

\_\_\_\_\_  
Zip Code