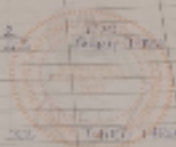




NEW JERSEY DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE PREVENTION AND INSPECTION
STATE FIRE MARSHAL'S OFFICE

Form FD-204 (Rev. 1-77)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Occupation: _____
Date: _____

1. Make	2. Model	3. Year	4. Color	5. Description of Vehicle	6. License Plate	7. VIN	8. Remarks
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100	4						



TOTAL VALUE VEHICLES
(Please list value of vehicles if above)

(Signature of Presiding Officer) hereby certifies that the above is a true and accurate account of vehicles used in this polling unit and is
CONTAINED NOT CONTAINED



25/12