

TOWNSHIP OF COMMERCIAL
RENTAL REGISTRATION FORM

** This section is to be completed by the Housing office. **

REGISTRATION NO: _____
REGISTRATION DATE: _____
INSPECTION DATE: _____
TOTAL UNITS: _____
TOTAL FEE: _____

**This section is to be completed by the Owner/Landlord. **

BUILDING TYPE: () SINGLE FAM. () TWO FAM. () MULTI FAM.
RENTAL PROPERTY ADDRESS: _____
BLOCK: _____
LOT(S): _____
RECORD TITLE OWNER: _____
PHONE NO: _____
ADDRESS: _____
TENANTS NAME: _____
PHONE NO.: _____
MAILING ADDRESS: _____
NO. OF OCCUPANTS: _____
NO. OF BEDROOMS: _____

LOCAL RESIDENT RESPONSIBLE FOR MAINTENANCE
NAME: _____
PHONE NO.: _____
ADDRESS: _____

OWNER/AGENT SIGNATURE

NOTE: OUT OF COUNTY PROPERTY OWNERS MUST HAVE AN AGENT LOCAL
TO BE CONTACTED IN CASE OF EMERGENCY.