

Lawrence Township
Office of the Municipal Clerk
P.O. Box 6006
Lawrenceville, New Jersey 08648
609-844-7000
609-844-0984 Fax

APPLICATION/REGISTRATION CERTIFICATE OF RENTAL UNIT

Registration fee received _____ Inspection Approved _____ Certificate Issued _____

Address of rental unit _____

Number of bedrooms in unit _____

**Name and Address of All Owner(s)
Of Rental Unit**

(If record owner is a corporation please
include registered agent and list of
corporate officers)

Name

Address

Town

State

Zip

Telephone Numbers of Owner(s) Day _____ Evening _____

Day _____ Evening _____

Rental Agent/Representative

(Required if owner is located outside
of Mercer County)

Name

Address

Town

State

Zip

Telephone Number

Day

Evening

**Name, Address, Telephone
Superintendent/other party
providing regular maintenance**

Name

Address

Town

State

Zip

Telephone Number

Day

Evening

Mortgagee Name and Address

Name

Address

Town

State

Zip

Telephone Number

Day

Evening

In Case of Emergency, Contact

Name

Address

Town

State

Zip

Telephone Number

Day

Evening

Fuel Oil Dealer

Name

Address

Town

State

Zip

Telephone Number

Day

Evening

Grade of Fuel Used _____

Lease Submitted

Yes No

Floor Plan Submitted

Yes No

Name(s) of Tenant(s) _____

Comments:

Signature of Owner or Agent