

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

REGISTRATION OF RENTAL UNIT

Registration Received _____

Address of rental unit _____

Number of bedrooms in unit _____

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

_____ Name

_____ Address

_____ City

Telephone Numbers of Owner(s) Day _____ Evening _____

Day _____ Evening _____

Rental Agent/Representative
(If Any)

_____ Name

_____ Address

_____ City _____ State _____ Zip

Telephone Number _____ Day _____ Evening _____

In Case of Emergency, Contact

_____ Name

_____ Address

_____ City _____ State _____ Zip

Telephone Number _____ Day _____ Evening _____

Name(s) of Tenant(s)

Comments:

Signature of Owner or Agent