



Tonya D. Carter
Municipal Clerk

LAWRENCE TOWNSHIP
Office of the Municipal Clerk
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REGISTRATION OF RENTAL UNIT

Registration Received _____

Address of Rental Unit _____

Number of Bedrooms in Unit _____

Name and Address of All Owner(s): Name: _____
of Rental Unit

Street: _____

Town: _____ State: _____ Zip: _____

Rental Agent/Representative Name: _____
(If Any)

Street: _____

Town: _____ State: _____ Zip: _____

Telephone Number: _____

Day

Evening

In Case of Emergency, Contact Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Telephone Number: _____

Day

Evening

Name(s) of Tenant(s): _____

Comments: _____

Signature of Owner or Agent