



Tonya D. Carter
Municipal Clerk

LAWRENCE TOWNSHIP

Office of the Municipal Clerk

P.O. Box 6006
Lawrence Township, New Jersey 08648
Phone: (609) 844-7000
Fax: (609) 844-0984
Email: nhillman@lawrencetwp.com

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

_____ Town _____ State _____ Zip

Telephone Numbers of Owner(s) Day _____ Evening _____

Day _____ Evening _____

Email Address _____

**Rental Agent/Representative
(If Any)**

_____ Name

_____ Address

_____ Town _____ State _____ Zip

Telephone Number _____ Day _____ Evening _____

In Case of Emergency, Contact

_____ Name

_____ Address

_____ Town _____ State _____ Zip

Telephone Number _____ Day _____ Evening _____

Name(s) of Tenant(s) _____

Comments:

Signature of Owner or Agent