

## City of Burlington 525 High Street, Burlington NJ 08016 609-386-0200 Ext. 142 or 132

inspections@burlingtonnj.us

## Pursuant to N.J.S.A. 46:8-28

NOTE: This application must be completely answered, and fees paid. Failure to comply will render this application incomplete and not in compliance with the City Ordinance #195-30.

Rental Property Address:		Apartment#	Sleep	ing Rooms
Owners of Record				
Home Address	City		_State	Zip
Email	_ Day Phone#	Night Phone#_		
Record Owner is a corporation?_	(Yes/No) Record	Owner is a Partner	ship?	(Yes/No)
Registered Agent:				
Name:				
Address:	(	City	S1	
Day Phone#	Night	Night Phone#		
Manager/Local Contact Informatio	n: If the owner is not	a resident of Burling	gton Cour	nty, NJ, please provide
the information of an individual who	is authorized to accept	notices from tenants	and to is	sue receipts therefor a
to accept service of process on behal				
Name:		Email		
Address:	City:	S	tate:	Zip:
Day Phone	Night Phone#			
Address:	•			•
•	<b>C</b>			
Owner's Emergency Representative TENANT, in time of emergency that it		, ,		
Emergency Contact Name:				
Address:				
Day Phone	_			-
Buy I none		10110#		
Mortgage Holder Information: List	all company holders of	recorded mortgages	on this re	ntal property.
Name:				
Fuel Dealers				
Name:	Adress		Ph	one
<b>Owner/Agent Certification:</b> I hereby belief. I am aware that if the foregoin prosecution.				
Owner/Agent Signature		Date	e	
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Note: Every person required to file a registration form pursuant to this article shall file an amended registration form within 20 days after any change in the information required to be included thereon. No fee shall be required for the filing of an amendment except where the ownership or tenancy of the premises changed. (Ordinance #195-32)