

BOROUGH OF AVALON
3100 Dune Drive, Avalon, NJ 08202
www.avalonboro.org (609) 967-5918
Rental Unit Registration Form

Owner(s): _____

Address: _____

City & State: _____ Zip _____

Code _____

Telephone Number-Day: () _____ Cell: () _____

RENTAL PROPERTY

ADDRESS

Check One: Individual _____ Partnership _____ Corporation _____ Block: _____
If Owner is a Partnership, complete the following: Lot: _____

Partnership Name: _____

Names, Address, City & State of All Partners: _____

Give telephone number of each partner during the day and also an evening number:

Name(s)	Day Number	Evening Number
_____	() _____	() _____

_____	() _____	() _____
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_____	() _____	() _____
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If Owner is a Corporation, complete the following:

Corporate Name: _____ Name of Registered Agent: _____

Address of Registered Agent: _____

Telephone Number: () _____ (Day) () _____
_____ (Evening)

List below the name, address, city, state and telephone number for each officer and director of the corporation and title of office held:

Name	Title	Address	City/State	Telephone
#				

SECTION II: AGENT

If Owner is not within Cape May County, complete the following:

Name and address, as well as telephone number, of a person who resides in the County of Cape May, who is authorized to accept notices from a tenant, issue receipts and accept service of process on behalf of the owner:

Managing Agent, Realtor, if any:

Name: _____

Address: _____ City/State: _____

) _____

Superintendent, Custodian, Emergency, etc.

Name:

Address: _____ City/State:

Telephone Number-Day:() _____ Evening: (

) _____

SECTION III: MORTGAGES

Name and address of every holder of a recorded mortgage on the premises:

SECTION IV: PROPERTY INFORMATION

Name and address of fuel oil dealer serving the building and the grade of fuel oil used:

****Attach a floor plan for each unit within the rental property. Show the location and size of each room.****

Owner(s) Signature:

_____ Date: _____

FOR BOROUGH USE ONLY:

Date Received/Paid: _____ Number of Units: _____ Fee: _____
Cash: _____ Check #: _____ Lic. #: _____ Filing required per 46:28-1: Yes _____ NO _____

Occupancy Limit: Unit 1: _____ Unit 2: _____ Unit 3: _____ Unit 4: _____
Taxes _____ W&S _____ Fire Inspection _____ Construction Inspection _____