

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
() _____ () _____
() _____ () _____
() _____ () _____

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

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 _____