B O R O U G H O F R A R I T A N
MUNICIPAL BUILDING
22 FIRST STREET
RARITAN, NJ 08869
PHONE: (908) 231-1300 FAX: (908) 231-0810
www.raritanboro.org

RESIDENTIAL RENTAL PROPERTY REGISTRATION

OWNER INFORMATION

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE: _____ **CELL (optional)** _____ **FAX**_____

IN COUNTY PROPERTY MANAGER/EMERGENCY CONTACT INFORMATION

NAME: _____

STREET: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ **CELL (optional)** _____**FAX**_____

PROPERTY ADDRESS: _____

BLOCK NO: _____ **LOT NO:** _____**NUMBER OF RENTAL UNITS**_____

UNIT # _____**NO. OF BEDROOMS**_____**NO. OF PERMITTED OCCUPANTS**_____
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(ATTACH ADDITIONAL SHEATS IF BUILDING CONTAINS MORE THAN 5 RENTAL UNITS)

OWNERS CERTIFICATION

I hereby certify that the information provided above is true and accurate and that any false or misleading information can be grounds for prosecution .Signature of at least one individual owner or owners authorized agent:
Signature: _____
Print or type name: _____
Address: _____ Phone: _____
Authority to sign: _____
(Such as "individual owner", "authorized officer of owner" or "owners authorized agent")

PLEASE NOTE: **Any changes that occur in the above information are required to be reported to the code enforcement office within five business days by filing an amended registration form. A copy must be posted and distributed to the tenants. Failure to comply is a violation of the regulations and subject to monetary penalty.**

For Office use only:

Fee: $_____ Cash ( ) Check No. _____ Collected by: _____ Date: _____