



**CITY OF NORTHFIELD  
RENTAL UNIT REGISTRATION**

BLK \_\_\_\_\_ Lot \_\_\_\_\_

FEE: \$ 65.00

Registration Nr. \_\_\_\_\_

Ck. Nr. \_\_\_\_\_

1. OWNER'S NAME: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBERS: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

2. RENTAL PROPERTY ADDRESS: \_\_\_\_\_

NUMBER OF UNITS IN RENTAL PROPERTY: \_\_\_\_\_

OWNERSHIP (CHECK ONE): INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

3. IF A PARTNERSHIP, SET FORTH: NAME/RESIDENTIAL ADDRESS AND TELEPHONE NUMBER:

NAME OF GENERAL PARTNER: \_\_\_\_\_

ADDRESS OF GENERAL PARTNER: \_\_\_\_\_

TELEPHONE NUMBER OF GENERAL PARTNER: \_\_\_\_\_

4. IF A CORPORATION, SET FORTH: NAME AND RESIDENTIAL ADDRESS OF THE REGISTERED AGENT:

CORPORATION NAME: \_\_\_\_\_

NAME OF REGISTERED AGENT: \_\_\_\_\_

ADDRESS OF AGENT: \_\_\_\_\_

TELEPHONE NUMBERS: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

5. IF OWNER IS NOT WITHIN THE CITY OF NORTHFIELD, COMPLETE THE FOLLOWING:

NAME/ADDRESS/ PHONE NUMBER OF A PERSON WHO LIVES IN ATLANTIC COUNTY WHO IS AUTHORIZED BY THE OWNERS  
TO ACT ON THE BEHALF OF THE OWNERS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBERS: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

6. \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE