

CITY OF BRIGANTINE

RENTAL UNIT REGISTRATION

Please read all instructions on back of form before filling out. Be sure to press hard when filling out.

1. OWNER'S NAME: _____
 2. OWNER'S ADDRESS: _____
 3. CITY, STATE, ZIP: _____
 4. TELEPHONE NUMBERS: HOME () _____ WORK () _____ CELL () _____
 5. RENTAL PROPERTY ADDRESS: _____
 6. NUMBER OF UNITS IN RENTAL PROPERTY: _____
 - 6A. TYPE OF RENTAL: () Yearly () Summer () Winter () Summer/Winter
 7. OWNERSHIP: (Check one) Individual _____ Partnership _____ Corporation _____
 8. IF A PARTNERSHIP, SET FORTH: NAMES, RESIDENTIAL ADDRESS' AND TELEPHONE:

 9. NAME OF GENERAL PARTNER: _____
 10. ADDRESS OF GENERAL PARTNER: _____
 11. TELEPHONE OF GENERAL PARTNER: HOME () _____ WORK () _____ CELL () _____
 12. NAME OF GENERAL PARTNER: _____
 13. ADDRESS OF GENERAL PARTNER: _____
 14. TELEPHONE OF GENERAL PARTNER: HOME () _____ WORK () _____ CELL () _____
 15. IF MORE SPACE IS REQUIRED, ATTACH ADDITIONAL SIGNED, DATED SHEETS IDENTIFYING THE CATEGORY OF INFORMATION.
 16. IF A CORPORATION, SET FORTH: NAMES AND RESIDENTIAL ADDRESS OF EACH OFFICER, DIRECTOR AND STOCKHOLDER HOLDING MORE THAN 10 PERCENT OF STOCK. (Stockholder information is not required for a publicly traded corporation.)
 17. NAME & TITLE: _____
 18. ADDRESS: _____
 19. TELEPHONE NUMBERS: DAY () _____ EVENING () _____
 20. NAME & TITLE: _____
 21. ADDRESS: _____
 22. TELEPHONE NUMBERS: DAY () _____ EVENING () _____
 23. CORPORATE NAME: _____
 24. NAME OF REGISTERED AGENT: _____
 25. ADDRESS OF AGENT: _____
 26. AGENT'S TELEPHONE: DAY () _____ EVENING () _____
 27. IF THE OWNER IS NOT WITHIN THE CITY OF BRIGANTINE, COMPLETE THE FOLLOWING:
 28. NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSON WHO RESIDES IN THE CITY OF BRIGANTINE WHO IS AUTHORIZED BY THE OWNER(S) TO ACT ON BEHALF OF THE OWNER.
 29. NAME: _____
 30. ADDRESS: _____
 31. TELEPHONE NUMBERS: HOME () _____ WORK () _____ CELL () _____
 32. NAME AND ADDRESS OF FUEL OIL DEALER & GRADE OF FUEL OIL USED:

 33. INSURANCE INFORMATION:
 34. NAMES OF THE FIRE AND LIABILITY INSURANCE CARRIERS, POLICY NUMBERS, AGENTS & ADDRESS OR TELEPHONE NUMBERS:

 35. _____
- | | | |
|-----------|--------------------|------|
| SIGNATURE | PRINT OR TYPE NAME | DATE |
|-----------|--------------------|------|

UPON COMPLETION, RETURN THIS FORM TO THE CITY OF BRIGANTINE, FIRE PREVENTION BUREAU,
1417 WEST BRIGANTINE AVENUE, BRIGANTINE, NJ 08203

MAKE CHECKS PAYABLE TO "THE CITY OF BRIGANTINE."

REGISTRATION FEE AND REGISTRATION FORM ARE DUE IMMEDIATELY.

IF YOU HAVE ANY QUESTIONS OR NEED HELP, PLEASE CALL (609) 266-3102 BETWEEN THE HOURS OF 8:00 AM AND 4:00 PM
MONDAY THROUGH FRIDAY.

YOU MAY CALL AT ANYTIME AND LEAVE A MESSAGE ON THE ANSWERING MACHINE IF THE OFFICE HOURS ARE NOT CONVENIENT.
LEAVE YOUR MESSAGE AND A TIME YOU WILL BE AVAILABLE AND WE WILL CONTACT YOU.

THANK YOU FOR YOUR ANTICIPATED COOPERATION.