

**GLOUCESTER CITY HOUSING AND BUILDING DEPARTMENT
700 SOMERSET STREET, GLOUCESTER CITY, NJ 08030
PHONE: (856) 456-7689 FAX: (856) 456-0289**

***PLEASE NOTE - A SEPARATE FORM IS REQUIRED FOR EACH UNIT.
RENTAL FACILITY REGISTRATION APPLICATION AMENDMENT FORM**

Pursuant to Ordinance #O18--2017

No.# _____

Date Rec'd: ____/____/____

For Office Use Only

1. Rental Property Location:

Address (No P.O. Box) _____ Unit No. _____

Block _____ City, State, Zip _____ Lot _____ Account # _____ Phone # _____

2. Name and address of record owner(s) of unit. In the case of a partnership list the names, addresses, and phone numbers of all general partners. If record owner is a corporation, complete this section with the required information for registered agent and corporate officers.

NAME	ADDRESS (No P.O. Box) /STREET/STATE/ZIP/PHONE	TITLE
Registered Agent		
NAME	ADDRESS (No P.O. Box)/STREET/STATE/ZIP/PHONE	

Record owner is a corporation _____ Record owner is a partnership _____

3. Representative of the owner or agent to be reached or contacted at any time in the event of an emergency and who has the authority to make emergency decisions.

Name _____

Address (No P.O. Box) _____

City, State, Zip _____

Phone (Day) _____ Phone (Evening) _____

4. Number of sleeping rooms in this unit _____

5. List the full names, dates of birth and present address of all current occupants or Business name and contact person of this unit.

I hereby certify that the above information is true to the best of my knowledge, information, and belief. I am aware that if the foregoing information supplied is willfully false, I am subject to penalties and criminal prosecution.

Date _____ Owner _____

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_____ Date of Inspection _____ C.O. Number _____
 _____ Inspector