



City of

Vineland

New Jersey

REGISTRATION FOR NEW RENTAL PROPERTIES

DATE: _____

Owner's Name _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____

Address of rental Property: _____

Agent/ Representative's Name: _____

Street Address: _____

Phone Number: () _____

Amount Paid \$ _____ Payment---Cash Money Order Check # _____



Special arrangements for persons with disabilities may be made if requested in advance by contacting the Business Administrator's Office at 856-794-4144.

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