

## CITY OF VINELAND

640 EAST WOOD ST VINELAND, NJ 08360 CODEENFORCEMENT@VINELANDC ITY. OR G

## **TENANT INFORMATION** Company / LLC Name: \_\_\_\_\_ (If Applicable) Rental Property Address: \_\_\_\_\_\_ City: Zip: Unit # \_\_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Source of Heat (indicate one): \_\_\_\_\_ Oil \_\_\_\_ Electric \_\_\_\_ Gas Type of Water Source (indicate one): \_\_\_\_\_ City \_\_\_\_ Well **OCCUPANTS** First Name Last Name Adult or Child 1. 2. 3. 4. 5. 6. 7.