

CITY OF VINELAND

640 EAST WOOD ST VINELAND, NJ 08360 CODEENFORCEMENT@VINELANDCITY.ORG

THE FOLLOWING MUST BE RETURNED TOGETHER: Completed Rental Registration Application, Continued Certificate of Occupancy (C.C.O) issued by Fire Prevention, Valid Certificate that rental property is Lead Free in accordance to DCA Mandates, ALL Tenant Information for each unit, and a \$75.00 Check/M.O. per rental unit.

Rental Property Info	rmation:	
RENTAL PROPERTY ADI	DRESS:	
Block:	Lot:	Total No. of Units:
No. of Owner Occupied	d Units:	(If Applicable)
Total Fee:	(Office Use Only)
Property Owner's In		RTY OWNER'S INFORMATION
Property Owner's Nam	e:	
		Work No
Home No.	Cell No	
Home No If Property is being reg	Cell No	Work No
Home No If Property Is being reg Property Owner's Phys	Cell No Istered as an LLC or Corpor Ical Address: erent from above):	work No ration please provide Owner(s) Name(s):



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SECTION 3: MANAGING AGENT / TRUSTEE INFORMATION (IF APPLICABLE)
(Superintendent, Janitor or Custodian **Must reside in Cumberland County**)
Name:
Address:
Malling Address (If different from above):
Contact Telephone No.:
Home No Cell No Work No
Email:
PLEASE COMPLETE STATEMENT BELOW (TO BE COMPLETED BY OWNER)
I,, solemnly affirm under the penalties of perjury, that the
above information relating to the dwelling unit located at:
knowledge, and that I will submit any change in the information relating to
the property owner, manager operator, resident agent, or Trustee, and the property owner's designated, not
more than 30 days after the change is made.
I also certify there are dwelling unit(s) on this property and that I agree to allow the Housing inspectors
to inspect these dwelling unit(s).
Signature of Property Owner:
Date:/