



TOWNSHIP OF RIVERSIDE
PO BOX 188
RIVERSIDE, NJ 08075
TEL: 856-461-1460
FAX: 856-461-3260
www.riversidetwp.org

FEE: \$110 per unit

ANNUAL LANDLORD REGISTRATION RENEWAL APPLICATION

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN WITH YOUR ANNUAL LANDLORD REGISTRATION
FEE(S) **BY JANUARY 31ST DEADLINE OF THIS CALDENDAR YEAR.**

***PHYSICAL PROOF OF HOMEOWNER(S) INSURANCE IS NOW REQUIRED, BEFORE ANY RENTAL
LICENSE(S) CAN BE ISSUED.**

***THE LIABILITY COVERAGE CAN BE NO LESS THAN \$500,000.00 FOR NON-OWNER-OCCUPIED
RENTAL PROPERTIES.**

***FAILURE TO DO SO BY JANUARY 31ST OF THE CURRENT YEAR, MAY RESULT IN AN
ADDITIONAL PENALTY.**

PROPERTY INFORMATION

CONTACT PERSON: LANDLORD PROPERTY MANAGER

PROPERTY TYPE: SINGLE FAMILY DWELLING DUPLEX

PROPERTY ADDRESS: _____

BLOCK: _____ LOT: _____ NUMBER OF UNITS: _____

LANDLORD INFORMATION

CORPORATION NAME(S): _____

There is no corporation name

NAME: _____ MAILING ADDRESS: _____

(Please no LLC., INC. Etc. names in this section)

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PROPERTY MANAGER

NAME: _____ COMPANY ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

There is no Property Manager



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(PER STATE REQUIREMENT) IF THE OWNER IS NOT A RESIDENT OF BURLINGTON COUNTY, PLEASE PROVIDE THE CONTACT INFORMATION OF A PERSON WHO RESIDES IN BURLINGTON COUNTY, WHO IS AUTHORIZED TO ACCEPT NOTICES FROM A TENANT TO ISSUE RECEIPTS THEREFORE AND TO ACCEPT SERVICE OF PROCESS ON BEHALF OF THE RECORDED OWNER(S)

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

Owner is a Burlington County Resident

NAME, ADDRESS, PHONE NUMBER & EMAIL OF INDIVIDUAL(S) TO CONTACT IN CASE OF EMERGENCY

(If we are unable to reach the owner(s) in an emergency, please list an alternate person(s) we may contact).

NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____



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TENANT INFORMATION

PLEASE LIST ALL TENANT(S) NAMES, RELATIONSHIP TO EACH OTHER, & UNIT THEY ARE IN
(Any children under 18, just state child.)

NAME(S):

_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT#: _____
_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT #: _____
_____	Relationship _____	UNIT#: _____
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PLEASE PUT DOWN THE BEST NAME AND CONTACT INFORMATION FOR EACH UNIT

(UNIT #1) NAME: _____ EMAIL ADDRESS: _____

PHONE #: _____

(UNIT#2) NAME: _____ EMAIL ADDRESS: _____

PHONE #: _____

(UNIT #3) NAME: _____ EMAIL ADDRESS: _____

PHONE #: _____

APPLICANT CERTIFICATION

BY SIGNING, I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE. I AM AWARE THAT IF THE FOREGOING INFORMATION SUPPLIED IS WILLFULLY FALSE I AM SUBJECT TO PENALTIES AND CRIMINAL PROSECUTION.

APPLICANT SIGNATURE

PRINT NAME OF APPLICANT

DATE
