

BOROUGH OF OCEAN GATE
801 OCEAN GATE AVENUE, CN 100
OCEAN GATE NJ 08740
Rental Division Phone: 732-269-3166 Ext. 25

TENANT REGISTRATION FORM

Tenants Name: _____

Mailing Address: _____, PO BOX: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Roommate/Spouses Name _____

Child Occupants Name _____

Dependent _____

Emergency Contact Information:

Name: _____ Phone _____

Tenants Signature _____ Date _____
(Signature does not require Notary)

Landlord/Owner/Agent: By signing below you are verifying the Tenant information given.

Landlord/Owner/Agent Signature _____ Date _____

NOTARY: Signature _____

Date _____

SEAL: