



**RENTAL REGISTRATION**  
 City of Bridgeton  
 181 E. Commerce St.  
 Bridgeton, New Jersey 08302  
 856-455-3230 ext. 219 • 856-453-7244 fax

(Office use only)

Registration # _____
Registration Date _____
Received by _____
Fee \$75.00 per unit
_____ Cash _____ Check

Rental Property Address	Number	Street Name	Block	Lot
Applicant's Signature	_____			Date: _____
Owner Name (Check One)	<input type="checkbox"/> Company <input type="checkbox"/> Individual	Company Name	_____	
		Contact Name	_____	
		Last Name	_____	
		First Name	_____	
Owner Contact Info	Address		_____	
	City/State/Zip		_____	
	Phone / Cellular		_____	
	Email		_____	
Emergency Contact	Name		_____	
	Address		_____	
	City/State/Zip		_____	
	Phone / Cellular		_____	
Insurance Info	Company		_____	
	Policy Number		_____	
	Phone	_____	Insured Value	\$ _____
Unit Type (Check One)	<input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Multiple <input type="checkbox"/> Mixed			
Occupant(s) Info (name and age)  If additional space is needed, use back of form.	1	_____	_____	_____
	2	_____	_____	_____
	3	_____	_____	_____
	4	_____	_____	_____
	5	_____	_____	_____
	6	_____	_____	_____
	7	_____	_____	_____
	8	_____	_____	_____
	9	_____	_____	_____
	10	_____	_____	_____

OCCUPANT(S) VEHICLE INFO (Optional)				
	Make	Model	Color	License Plate #
Vehicle #1				
Vehicle #2				
Vehicle #3				
Vehicle #4				
Vehicle #5				