

\$50.00 per unit

**VENTNOR CITY RENTAL APPLICATION
TYPE OR PRINT CLEARLY IN BLACK INK**

www.ventnorcity.org

RENTAL ADDRESS

BLK ____	DIMENSIONS		OCCUPANT	FOR OFFICE		
LOT ____			LOAD	USE ONLY		
	UNIT#1	UNIT #2	UNIT #3	#1	#2	#3
BEDROOM #1			TOTAL FEES:\$			
BEDROOM #2						
BEDROOM #3			CHECK#			
BEDROOM #4						
LIVING ROOM			COLLECTED BY:			
DINING ROOM						
KITCHEN			DATE:			
SUNPORCH						
OTHER						
PRIVATE OWNER OWNERS			PARTNERSHIP/CORPORATION			
NAME:			NAME:			
ADDRESS:			ADDRESS:			
EMAIL ADDRESS:			EMAIL ADDRESS:			
PHONE (DAY)		PHONE (NIGHT)	FAX#			
AGENT			MANAGER/SUPERINTENDENT			
NAME:			NAME:			
ADDRESS:			ADDRESS:			
PHONE (DAY)		PHONE (NIGHT)	FAX#			
EMAIL ADDRESS:			EMAIL ADDRESS:			
ADDITIONAL COMMENTS:						

OWNER'S SIGNATURE

DATE

AGENT'S SIGNATURE

DATE