Affidavit of Registered Agent

Borough of Glassboro
Department of Health and Housing
10 S Poplar Street
Glassboro, NJ 08028

Effective __/____/______, _____________________________will serve as Registered Agent on behalf of the owner for the property(s) listed below.

___________________________________         ______________________ _____________
___________________________________              ___________________________________
___________________________________              ___________________________________
Name of Owner                         Owner's Signature

The agent hereby agrees to accept service of process on behalf of the owner. The contact information for the agent is listed below:

___________________________________              ___________________________________
Name of Agent                                                                                                       Primary Phone Number
___________________________________               ___________________________________
Name of Company                                                                                                 Business Phone Number
___________________________________               ___________________________________
Address of Agent                                                                                                    Mobile Phone Number
___________________________________               ___________________________________
City, State, Zip                                                                                                        Email Address

___________________________________               ___________________________________
Agent’s Name (Printed)                                                                                          Signature of Agent

Sworn and subscribed before me this ____day of ______, 20____

___________________________________              ___________________________________
NOTARY                                                                     COMMISSION EXPIRES

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