

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

