Mail registration form and payment to:
INSPECTOR OF HOTELS & MULTIPLE DWELLINGS
RUTGERS CENTER FOR GOVERNMENT SERVICES
303 George Street, Suite 604
New Brunswick, NJ 08901-2020
Or fax to: 732-932-3586

GENERAL INFORMATION

If home or employer information has changed since your last registration, check here. □

Last Name ________________________________________
First Name _____________________  Middle Initial _______
Gender  □  Female   □  Male
Employer _________________________________________
Title _____________________________________________

Business Address
Street ____________________________________________
City ______________________________________________
State _______________________  Zip ______________

Home Address
Street ____________________________________________
City ______________________________________________
State _______________________  Zip ______________

Phone Numbers (required – check box for preferred)
□  Mobile _______________ □  Home _______________
□  Business ___________________  Ext. ____________

E-mail Addresses (required – check box for preferred)
□  Business ____________________________
□  Home __________________________________

PAYMENT INFORMATION

Check, voucher, or money order must accompany this registration form.

Please indicate your payment method:
□  Check  □  Voucher  □  Money Order

All payments must be made payable to:
Treasurer, State of New Jersey and mailed to Rutgers at the address above.