



Township of Maple Shade

Office of the Fire Marshal

200 Stiles Avenue
Maple Shade, NJ 08052
856-779-9610

Property Owner Registration Form

Tenant Information

Property Address: _____

Building owner/Agent: _____

Number of Units: _____

Unit/Suite #: _____ Business Name: _____ Business Phone #: _____ Square Footage: _____	Unit/Suite #: _____ Business Name: _____ Business Phone #: _____ Square Footage: _____
Unit/Suite #: _____ Business Name: _____ Business Phone #: _____ Square Footage: _____	Unit/Suite #: _____ Business Name: _____ Business Phone #: _____ Square Footage: _____
Unit/Suite #: _____ Business Name: _____ Business Phone #: _____ Square Footage: _____	Unit/Suite #: _____ Business Name: _____ Business Phone #: _____ Square Footage: _____

**ALL LINES NEED TO BE FILLED-OUT OR THE FORM WILL BE CONSIDERED INCOMPLETE
AND VIOLATION(S) WILL BE ISSUED**