SCHEDULE B

TOWNSHIP OF CEDAR GROVE
LEASE INFORMATION – APARTMENTS, CLASS 4C

OWNER:_____

MAILING ADDRESS:_____

CITY/STATE:_____

RE: PROPERTY AT _____ BLOCK: _____ LOT: _____ QUALIFIER: _____ CLASS: _____ CVINJ.COM FORM

APARTMENT/ UNIT #	TENANT NAME	# OF ROOMS	# OF BEDROOMS/ BATHS	MONTHLY RENT		LEASE DATE FROM - TO	TENANT EXPENSE CONTRIBUTIONS				
				APT.	GARAGE		WATER	FUEL	MAINT.	ELEC.	OTHER
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