



TOWNSHIP OF TOMS RIVER PLANNING BOARD
PARTNERSHIP DISCLOSURE STATEMENT

NAME OF PARTNERSHIP: _____

STATE OF NEW JERSEY:

COUNTY OF OCEAN : S. S.

_____, having been first duly sworn according to law, upon his/her oath, deposes and says:

1. I am a Partner in the above named Partnership. I am fully familiar with the facts concerning this Partnership as of the date of the application made before the Toms River Township Planning Board of which this Partnership Disclosure Statement constitutes a part.

2. The following information is submitted to the Toms River Township Planning Board, knowing that the Board relies upon the Truthfulness of the statements contained herein:

A.) NAME OF PARTNERSHIP: _____

B.) REGISTERED AGENT OF PARTNERSHIP: _____

C.) PRINCIPAL OFFICE OF PARTNERSHIP: _____

D.) NAMES AND ADDRESSES OF PARTNERS AND PERCENTAGES HELD AS FOLLOWS:

BY: _____

DATE: _____ if _____

Sworn and scribed before me this _____ day of _____, 20 _____.

Notary Public of the State of New Jersey
