DOVER TOWNSHIP PLANNING BOARD PARTNERSHIP DISCLOSURE STATEMENT

NAME OF PARTNERSHIP: _____

STATE OF NEW JERSEY :
: S.S.
COUNTY OF OCEAN :

_____, 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 the facts concerning this Partnership as of the date of the application made before the Dover Township Planning Board, of which this Partnership Disclosure Statement form constitutes a part.

2. The following information is submitted to the Dover 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: _____

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

_____
Notary Public of the State of
New Jersey