

LANDLORD REGISTRATION OF RENTAL UNITS (2009)

PRINT OR TYPE

1. ADDRESS OF BUILDING, (STREET AND NUMBER) UNITS _____

ZIP CODE _____

2. NAME OF OWNER (S) _____

CHECK ONE: _____ CORPORATION _____ INDIVIDUAL OWNER (S)
_____ PARTNERSHIP _____ INCORPORATED BUSINESS

3. ADDRESS OF OWNER, (STREET AND NUMBER)

ZIP CODE _____

TELEPHONE NUMBER () _____

4. NAME OF REPRESENTATIVE OR AGENT: _____

REPRESENTATIVE MUST BE LOCATED WITHIN THE COUNTY WHERE THE BUILDING IS LOCATED. IF THE OWNER IS NOT A RESIDENT, A REPRESENTATIVE OR AGENT MUST BE NAMED TO REPRESENT THE OWNER IN THE EVENT OF AN EMERGENCY.

5. ADDRESS OF REPRESENTATIVE OR AGENT _____

ZIP CODE _____

TELEPHONE NUMBER () _____

EMERGENCY NUMBER () _____

6. INDICATE IF OWNER IS REPRESENTATIVE OR AGENT _____

7. RECORDED MORTGAGE HOLDER _____

NJSA 46:8-28 PROVIDES THAT THIS FORM MUST BE FILED IN THE OFFICE OF THE MUNICIPAL CLERK WHERE THE BUILDING IS LOCATED.

DATE RECEIVED:

SEAL:

SYLVIA A. VANNOCKAY, MUNICIPAL CLERK