INFORMATION TO BE FILED WITH THE MUNICIPAL CLERK OF THE MUNICIPALITY WHERE LEASED PREMISES IS SITUATED

STATEMENT IN ACCORDANCE WITH N.J.S.A. 46:8-28 LANDLORD REGISTRATION ACT (L. 1974, c.50)

1. Property Location: Street: _____

Mailing Address: _____

Block: _____Lot: _____

2. Owners Name: _____

Mailing Address:	
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3. If any owner is not located in the County where the property is located, provide the name and address of a person who resides in the county where the property is located and is authorized to accept notices from a tenant and issue receipts, and to accept service of process on behalf of the owner.

Name: _____

Address: _____

4. If a Corporation is the Owner:

A. Name and address of principle stock holders

Name: _____

Address: _____

B. Name and address of Registered Agent

Name: _____

Address: _____

5	lame and Address of individual to be contacted in case of an emergency	
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Name: _____ Address: _____ _____ Telephone Number: 6. Name and Address of Managing Agent if any. Name: _____ Address: 7. If applicable, name and address (including dwelling unit, apartment or room number) of individual employed by owner or managing agent to provide maintenance service. Name: _____ Address: _____ 8. Name and Address of Mortgage Holders for the property. Name: ______ Address: _____ 9. If fuel oil is used for heat, the name and address of the fuel oil dealer serving the building.

Name: _____

Address: _____

10. Please provide the following additional information:

Number of Bedrooms

Sewer or Septic

(check one)

Landlord's Na	ame:	

Signature: _____

Date: _____

Zoning Official

Date

Municipal Clerk

Date