# LANDLORD REGISTRATION STATEMENT

Pursuant to Landlord Registration Act – NJSA 46:8-27

ADDRESS OF PROPERTY BEING REGISTERED
Street Address: _____
City/State/Zip: _____

OWNER INFORMATION
Name of Owner: _____
Street Address: _____
City/State/Zip; _____ Phone: _____
Registered Agent (If Corp): _____
Corporate Officers (If Corp): _____

COUNTY AGENT (For Service of Process, if owner is not County Resident)
Name: _____
Address: _____
City/State/Zip: _____ Phone: _____

MANAGING AGENT
Name: _____
Address: _____
City/State/Zip: _____ Phone: _____

REGULAR MAINTENANCE PERSONNEL (Elec, Plumbing, etc)
Name: _____
Address: _____
City/State/Zip: _____ Phone: _____

Name: _____
Address: _____
City/State/Zip: _____ Phone: _____

OWNER'S REPRESENTATIVE FOR EMERGENCY
(This person must be available to act in an emergency)
Name: _____
Address: _____
City/State/Zip: _____ Phone: _____

HOLDER(S) OF RECORDED MARTGAGE(S)
Name: _____
Address: _____
City/State/Zip: _____ Phone: _____

FUEL OIL DEALER
Name: _____
Address: _____
City/State/Zip: _____ Phone: _____