

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 MORTGAGE(S)

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

FUEL OIL DEALER

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____