



# LANDLORD REGISTRATION FORM

In accordance with N.J.S.A. 46:8-27 et seq.

**ADDRESS OF PROPERTY TO BE RENTED**

**BLOCK/LOT**

a. Name, address and phone number of all record owners of the property. If a corporation, name, address and phone number of Registered Agent and/or Corporate officers:

b. If the address of the record owner is not located in Passaic County, give the name, address and phone number of a person who resides in or has an office in Passaic County, who would be authorized to accept notices from a tenant or the Borough and to issue receipts therefore and to accept service or process on behalf of record owner:

c. The name, address and phone number of the Managing Agent/Superintendent of the premises, if any:

d. The name, address and phone number of an individual representative of the record Owner/Managing Agent to be reach in the event of an emergency:

e. The name and address of every holder of a recorded mortgage on the property:

f. If fuel oil is used and furnished by the landlord, the name, address and phone number of the fuel oil dealer servicing the property:

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of Property Owner or Authorized Representative)

**NAME OF OCCUPANT(s)** \_\_\_\_\_

**PHONE NUMBER OF OCCUPANT(s)** \_\_\_\_\_

**DATE OF OCCUPANCY** \_\_\_\_\_

**RETURN COMPLETED FORM TO THE MUNICIPAL CLERK**

**\*\*\*REMINDER - Any change in tenants requires a Smoke Detector Certification\*\*\***