

LANDLORD REGISTRATION STATEMENT
NJSA 46:8-27 et seq (1974)

To: Joan I. Anderson, RMC, Twp Clerk
6101 13th Street
Mays Landing, NJ 08330
FAX: 928-0921

Re: BLOCK _____ LOT _____ QUALIFIER _____

Street address of property _____

Name of Owner(s) _____

Owner's Address _____

Name & Address of Registered Agent & Corp. Officers (if owned by Corp.) _____

Name, Address, & Phone # of Authorized Agent located within Atlantic County _____

Name, Address, & Phone # of Managing Agent _____

Name, Address, & Phone # of Superintendent, Janitor, Custodian or other individual proving regular maintenance _____

Name, Address, & Phone # of individual to be contacted in case of emergency, who has authority to make emergency decisions and/or expenditures _____

Name & Address of Mortgage holder(s) _____

Type of Heating Fuel/System _____

I swear the foregoing information to be true and correct.

Print Name of Owner

Signature of Owner

Date