



CERTIFICATE OF LANDLORD REGISTRATION

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Milford, New Jersey 08848
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Fax (908) 995-7112
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DATE SUBMITTED TO CLERK ____/____/____ BLOCK____ LOT____

ADDRESS OF RENTAL UNIT _____ # OF RENTAL UNITS _____

PLEASE PRINT OR TYPE:

1. NAME AND ADDRESS OF RECORD OWNER(S) OF PREMISES & RECORD OWNER(S) OF THE RENTAL BUSINESS IF NOT THE SAME PERSONS.

2. IF RECORD OWNER IS A CORPORATION, THE NAME AND ADDRESS OF THE REGISTERED AGENT AND CORPORATE OFFICERS.

3. IF ADDRESS OF OWNER IS NOT LOCATED IN THE COUNTY, NAME AND ADDRESS OF PERSON RESIDING IN COUNTY AUTHORIZED TO ACCEPT NOTICES, ETC.

4. NAME AND ADDRESS OF MANAGING AGENCY OF THE PREMISES.

5. NAME AND ADDRESS OF SUPERINTENDENT, CUSTODIAN, ETC. EMPLOYED BY OWNER TO PROVIDE REGULAR MAINTENANCE SERVICE, IF ANY.

6. NAME, ADDRESS AND PHONE NUMBER OF PERSON TO CONTACT IN EVENT OF AN EMERGENCY AFFECTING THE PREMISES OR ANY DWELLING SPACE THEREIN.

7. NAME AND ADDRESS OF EVERY HOLDER OF A RECORDED MORTGAGE ON THE PREMISES.

8. IF FUEL OIL IS USED TO HEAT THE BUILDING AND THE LANDLORD FURNISHES THE HEAT IN THE BUILDING, THE NAME AND ADDRESS OF THE FUEL DEALER SERVICING THE BUILDING

9. THE GRADE OF OIL USED _____

10. NAMES OF TENENTS _____

Signature

Date Filed