

LANDLORD REGISTRATION CERTIFICATE
(N.J.S.A. 46:8-26 et seq.)

1. ADDRESS OF PREMISES _____

2. NAME AND ADDRESS OF OWNER (INCLUDE ALL PARTNERS OR CORPORATE OFFICERS) _____

3. NAME AND ADDRESS OF REGISTERED AGENT IN MONMOUTH COUNTY

4. NAME AND ADDRESS OF MANAGER OF THE PREMISES, IF ANY

5. NAME AND ADDRESS OF MAINTENANCE PERSONNEL, IF ANY

6. NAME, ADDRESS AND TELEPHONE NUMBER OF EMERGENCY CONTACT PERSON (FAILURE OF ESSENTIAL SERVICES – DECISIONS ON EMERGENCY REPAIRS) _____

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

8. NAME AND ADDRESS OF FUEL OIL DEALER SERVICING THE PREMISES AND GRADE OF FUEL OIL _____

LANDLORD'S SIGNATURE

MUNICIPAL CLERK
BOROUGH OF ANDOVER

DATE FILED _____