

LANDLORD REGISTRATION STATEMENT  
(Required by N.J.S. 46:8-28)  
In compliance with the provisions of N.J.S. 46:8-28, the  
undersigned landlord of the premises known as:

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY  
OTHERWISE IT WILL BE DEEMED INCOMPLETE**

Block: \_\_\_\_\_  
Lot: \_\_\_\_\_

Location/address of rental property: \_\_\_\_\_  
\_\_\_\_\_

Number of Units \_\_\_\_\_

*\*Please Note For Dwellings With More Than Two Rental Units Landlords Must Go To The BUREAU OF HOUSING INSPECTION in the Department of Community Affairs. DCA Will Then Forward A Copy Of Your Filed Statement To The Office Of The Municipal Clerk For Public Records Of The Municipality.*

Type of Rental:  Apt.  Commercial  Condominium  House  Mobile Home  Mult. Dwelling

Hereby makes the following statements for filing with the  
Municipal Clerk of Middle Township:

A. Name, address, and phone number of **owner(s) of premises:**

Owner #1 Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Owner #2 (If Applicable) Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

B. If a **Corporation**, the name, address, and phone number of a registered agent and corporate officers of said corporation:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

C. If the record owner(s) **is/are not located in Cape May County**, list the name, address, and phone number of the agent authorized to accept notice from a tenant and to issue receipts therefore, and to accept service of process on behalf of the record owner(s), is:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

D. The name, address, and phone number of the **managing agent**, if any of the premises:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

E. The name, address, and phone number of a **janitor, custodian, or other person, if any employed by the record owner or managing agent to provide regular maintenance service is:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

F. The name, address, and phone number of the individual who may be contacted, and is authorized to act, in the event of an **emergency**, is:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

G. The name, and address of every **holder of a recorded mortgage** on the premises is:

\_\_\_\_\_  
\_\_\_\_\_

H. 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 oil dealer servicing the building and the grade of fuel oil used:

Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that the foregoing information is true and accurate as of the filing of this application and that if any changes are made after this date, I am responsible to notify the Municipal Clerk's Office.

\_\_\_\_\_  
Signature of Landlord or Authorized Representative

\_\_\_\_\_  
Date of Signature