



LANDLORD REGISTRATION FORM

Block: _____ Lot: _____ Complex Name: _____

Property Address: _____

THIS FORM SERVES AS CERTIFICATION OF REGISTRATION AND MUST BE FILED WITH THE CONSTRUCTION OFFICE BY THE OWNER OF RECORD FOR EACH RENTAL FACILITY AND SHALL BE SUBSTANTIATED AS FOLLOWS:

***** A PO BOX IS NOT ACCEPTABLE*****

1. The name, address, phone# & email of the owner of record for said property:

2. If the owner of record is a corporation or LLC, you must attach a list of all Corporate Officers and Shareholders, including name, address, phone# & email for each:

() Record Owner is not a corporation or LLC.

3. If the address of any owner of record is not located in the county in which the rental property is located, list the name, address, phone# & email of a person who resides in Camden county and is authorized to accept notices from a tenant, to issue receipts for those notices, and to accept services of process, on behalf of the owner(s):

4. The managing agent name, address, phone# & email:

() There is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide maintenance services is as follows: (name, address, including apartment#, phone# & email)

() There is no superintendent, janitor or custodian

6. The name, address, phone# & email of the representative of the owner of record, or managing agent who may be reached at any time in the event of any emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service, and who has the authority to make decisions concerning the building, including the making of repairs and expenditures are as follows:

7. The name, address & phone# of all recorded mortgages on the property are:

() There is no recorded mortgage on the property

8. Attached is a complex map identifying each building and how many units are in each building. The total rental units are: _____.

9. The owner of the property is a senior citizen who resides in a unit and qualifies under New Jersey State Statute 54:4-8-1:

() No () Yes If yes provide unit # _____

Signature: _____

Printed Name: _____ Title: _____ Date: _____

“The Individual Tenant Registration Application must be submitted for each rental unit”

(Do Not Write Below This Line, Office Use Only)

Date Received: _____ Received by: _____ MCCO#: _____

Fee \$25.00 Payment Type: CK# _____ CASH _____ MO _____

Tax, Utility, Special Charges or Lien Status Tax Collector Signature and Date

Current _____	_____
Open _____	Date _____

Administrative Notes
