



Date Form Filed \_\_\_\_\_

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

**LANDLORD TENANT REGISTRATION STATEMENT  
PURSUANT TO NJSA 46:8-28**

RE: Premises located at \_\_\_\_\_

1. Name & address of record owner of the above premises \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. Name & address of the owner of the rental business: \_\_\_\_\_

4. If the owner of the rental business is a corporation, list name and address of registered agent \_\_\_\_\_

5. Names and addresses of the officers of the corporation named in #2 and #3 above \_\_\_\_\_

6. If the owner of record is not located in the county in which the premises are located, state the name and address of the person who is located in said county wherein the premises are located and who is authorized to accept notices from tenants and to issue receipts thereof, and is authorized to accept service of process on behalf of the record owner of the premises \_\_\_\_\_

7. Name and address of the managing agent of the premises \_\_\_\_\_ Phone \_\_\_\_\_

8. Name and address, including dwelling unit, apartment or room number of the superintendent of the premises or other individual employed by the record owner or managing agent to provide regular maintenance service \_\_\_\_\_

9. In the event of an emergency affecting the premises or any unit of dwelling space therein, state the name, address and telephone number of the individual representative of the record owner or managing agent who may be reached and who has authority to make emergency decisions concerning the premises \_\_\_\_\_

10. The name, address and account number of each and every mortgage holder of the premises \_\_\_\_\_ Phone \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name and title

THIS FORM MUST BE COMPLETED AND FILED WITH THE CITY CLERK, 1 SOUTH WASHINGTON AVENUE, MARGATE, NJ 08402

**A COPY OF THIS NOTICE MUST BE POSTED IN THE BUILDING**