

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. _____ Phone _____
Name and address of the managing agent of the premises
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. _____ Phone _____
The name, address and account number of each and every mortgage holder of the premises

DATE: _____

Signature

Print name and title

**THIS FORM MUST BE COMPLETED AND FILED WITH THE
CITY CLERK, CITY OF MARGATE CITY
9001 WINCHESTER A VENUE, MARGATE, NJ 08402
casey__johanna@margate-nj.com**

A COPY OF THIS NOTICE MUST BE POSTED IN THE BUILDING