LANDLORD REGISTRATION STATEMENT
Pursuant to the New Jersey Landlord Act, N.J.S.A. 46:8-27 et seq.

Property address: ____________________________

A. Recorded owner(s) of property:
   Name: ____________________________________ Address: ____________________________
   Telephone #: (____) ______________________ Address: ____________________________
   E-mail: __________________________________

B. If owned by a corporation, information for registered agent and corporate officer of the corporation:
   Name: __________________________________ Address: ____________________________
   Telephone #: (____) ______________________ Address: ____________________________
   E-mail: __________________________________

C. If the address of the record owner is not located in the county where the premises are located, please provide the information to contact a person who resides in or an office in the county which the premises are located and is authorized to accept notices from a tenant and to issue receipts therefor and to accept service of process on behalf of the record owner:
   Name: __________________________________ Address: ____________________________
   Telephone #: (____) ______________________ Address: ____________________________
   E-mail: __________________________________

D. Managing agent of the premises, if any:
   Name: __________________________________ Address: ____________________________
   Telephone #: (____) ______________________ Address: ____________________________
   E-mail: __________________________________

E. The managing agent who provides the regular maintenance service if different than above:
   Name: __________________________________ Address: ____________________________
   Telephone #: (____) ______________________ Address: ____________________________
   E-mail: __________________________________

F. The managing agent to be reached in the event of emergency if different than above:
   Name: __________________________________ Address: ____________________________
   Telephone #: (____) ______________________ Address: ____________________________
   E-mail: __________________________________

G. The name and address of every holder of a recorded mortgage on the premises:
   Name: __________________________________ Address: ____________________________
   Telephone #: (____) ______________________ Address: ____________________________
   E-mail: __________________________________ (NOTE: If there are additional holders, write on back of form)

Date: _______________  Landlord Signature: ________________________________

Date recorded with municipality: _______________  Received by: ____________________