

LANDLORD REGISTRATION FORM



Date:

PERSON FILING FORM

Home Phone Owner/Manger:

Cell phone Owner/Manager:

Lower Alloways Creek
501 Locust Island Road
Hancock's Bridge, New Jersey

08038
Phone: 856-935-1549
Fax: 856-935-7666

PHYSICAL ADDRESS OF PROPERTY RENTED OR LEASED:

Single or multiple unit

BLOCK

Apartment number at this location if any

LOT

PROPERTY OWNER(S) OF RECORD

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF the owner of record is not located within the County of Salem provide the name and address of of a person within the County to accept notices on behalf of the owner and who is authorized to issue receipts

Person authorized to receive notices / receipts

ADDRESS:

CITY:

STATE:

ZIP:

Name of Superintendent, Custodian, Janitor or
person who performs regular maintenance

ADDRESS:

CITY:

STATE:

ZIP:

Name of Emergency Contact

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ADDRESS:

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CITY:

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STATE:

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ZIP:

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Name of Secondary Emergency Contact

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ADDRESS:

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CITY:

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STATE:

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ZIP:

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Name of person who can authorized emergency repairs

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ADDRESS:

--

CITY:

--

STATE:

--

ZIP:

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Type of Fuel used for heating purposes

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Grade

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**If fuel is delivered and stored at unit, provide
name and address of fuel dealer used**

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ADDRESS:

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CITY:

--

STATE:

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ZIP:

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Name of Renter or Leasee

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ADDRESS:

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APT #

--

CITY:

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STATE:

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ZIP:

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Printed name of person who prepared form

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Signature of person preparing form

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Date:

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return form to: LAC TWP CLERK
PO BOX 157
HANCOCK'S BRIDGE, NJ 08038