

## LANDLORD REGISTRATION FORM

Execution of this form does not grant authority to occupy the premises. Pursuant to Section 261-55.1 of the Code of the Borough of Rockaway, the premises must be inspected for a CERTIFICATE OF HABITABILITY prior to occupancy.

Premises Covered by Registration				
Property Address:		Block:	Lot:	
No. of Units:	No. of Bedrooms in Each Unit:		Year Built:	
	Owner Informat	ion		
Owner:				
Mailing Address:				
Telephone Number:	Email Address:			
Name and Address of Person in County Authorized to Accept Notices from Tenant				
Company Name:				
Representative:				
Mailing Address:				
Telephone Number:	Cell Phor	ne Number:		
Email Address:				

Managing Agent (if applicable)				
Company Name:				
Representative:				
Mailing Address:				
Telephone Number:		Cell	Phone Number:	
Email Address:				
	Person Re	esponsible f	or Maintenance	
Company Name:				_
Representative:				
Mailing Address:				
Telephone Number:		Cell	Phone Number:	
Email Address:				
		Emergency (	Contact	
Company Name:				
Representative:				
Mailing Address:				
Telephone Number:	Cell Phone Number:			
Email Address:				
Water/Sewer Utility Information				
Check All that Apply:	City Water	Well*	Septic System	City Sewer
If served by well, is the premises in compliance with the Private Well Testing Act (N.J.S.A. 58:12A-26, et seq.)?				

## Fuel Oil Dealer Information (if furnished by the Landlord)

Name of Fuel Oil Dealer:

Address of Fuel Oil Dealer:

Tenants Having Legal Authority to Reside in the Premises				
Tenant Name	Dwelling No. or Letter, if Applicable Term End Da			

Certification				
I certify to the Borough of Ro representation stated herein belief.			_	
Applicant's Name:				
Applicant's Signature:				
Date:				
THE STATE OF NEW JERSEY	} SS.			
COUNTY OF				
Subscribed and sworn to bef	ore me this	day of	, 20	
Signature of Nota	y Public			

For	Office Use Only		
Upon completion, distribute to:	Borough Clerk	Health Department	