

Borough of Rockaway

1 East Main Street, Rockaway, New Jersey 07866
www.rockawayborough.org • (973) 627-2000 Extension 228



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 Information

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 Phone Number: _____
Email Address: _____

Managing Agent (if applicable)

Company Name: _____
Representative: _____
Mailing Address: _____
Telephone Number: _____ Cell Phone Number: _____
Email Address: _____

Person Responsible for 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 Date

Certification

I certify to the Borough of Rockaway that the undersigned has completed this Landlord Registration Form and all representation stated herein are true and accurate to the best of my knowledge based on my information and belief.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

For Office Use Only

Amount Paid: _____ Check Number: _____ Date Received: _____

Upon completion, distribute to: Borough Clerk Health Department