Borough of Elmer

HOUSING, ZONING, & PROPERTY MAINTENANCE OFFICE

120 S. Main Street, PO Box 882, Elmer, NJ 08318

(856) 358-4010 Ext. 114 (856) 358-4870 fax zoninghousing@elmerboroughnj.com www.elmerboroughnj.com

LANDLORD IDENTITY REGISTRATION STATEMENT ONE AND TWO-UNIT DWELLING REGISTRATION FORM

Pursuant to N.J.S.A. 46:8-27 et seq and Chapter 11-5 of the Elmer Borough Code;

PLEASE NOTE: A **SEPARATE FORM** IS REQUIRED **FOR EACH UNIT**:
A **FLOOR PLAN** MUST BE ATTACHED WITH THE SIZE OF ROOMS; PLAN NEED NOT BE TO SCALE

1.	Rental Property Location:								
		Address (no PO Box)				Unit #	of	
		City		State		Zip	Phone #		
		Block:	Lo	t:	Phone #	for unit:			
	Residence is NOT a r	ental u	ınit (please s	sign & date	below & ret	urn form to b	e removed fr	om list)	
2.	List the names, addresses, and phone numbers of record owner(s) of the unit. In the case of a partnership								
	list the names, addresses	and pl	hone numbe	rs of all gen	eral partne	s. If record of	owner is a co	rporation,	
	complete this section with general partners in the case				gistered age	ent and corpo	orate officers.	(including al	
	OWNER(S) NAME & TITLE				- Street/Cit	y/State/Zip):	PHONE #:		
				`		.,			
	REGISTERED AGENT NA	ME:	ADDRESS	(No PO Box	- Street/Cit	y/State/Zip):	PHONE #:		
	Record owner is a Par	tnershir	n Rec	ord owner is	s a Corpora	tion	1		
3.	<u> </u>								
J.	If the owner is not a resident of Salem County, please provide the name, address, and phone number of a person who resides in Salem County who is authorized to accept notices from a tenant, to issue receipts								
	for these notices, and to a		service of pro	ocess on be	half of the c	out-of-county	record owne	•	
	NAME:		ADDRESS	(No PO Box	- Street/Cit	y/State/Zip):	PHONE #:		
	Record owner is located in Salem County								
4.	List the name, address, and phone number of the managing agent, if any:								
	MANAGING AGENT NAMI	E :	ADDRESS	(No PO Box	Street/Cit	y/State/Zip):	PHONE #:		
	There is no managing agent for the property								
5.	List the name and address, including dwelling unit number of the tenant, superintendent, janitor, custodian								
	or other person employed to provide regular n			maintenance	e service, if	any:			
	MAINTENANCE CONTACT	TNAME	:	ADDRESS	(No PO Box	c - Street/City	//State/Zip):		
	PHONE # (Day):			PHONE # (Evoning):				
	PHONE # (Day).			FHONE # (Evening).				
	There is no superinten	dent fo	r the propert	V					

	dwelling unit: EMERGENCY CONTACT NAME:			ADDRESS (No PO Box – Street/City/State/Zip):						
					,,					
	PHONE # (Day):		PHO	NE # (Evening):						
7.	List the names and addresses of all holders of recorded mortgages on the property:									
	MORTGAGE HOLDER NAME(S):			ADDRESS (No PO Box – Street/City/State/Zip):						
	There is no recorded mortgage If fuel oil is used to heat the built	ding and the l	andlo		name and addres	s of the				
	fuel oil dealer servicing the build FUEL OIL DEALER NAME:			of fuel oil used: O Box – Street/City/State/Zip):	GRADE OF OI	L:				
				<u>, , , , , , , , , , , , , , , , , , , </u>						
	The building is heated by fuel oil, but the landlord does not furnish heat List the number of sleeping rooms contained in the unit: List the full names and dates of birth of all current occupants of this unit:									
J.	NAME:	DO DIRTO OT AIL CUI		NAME:		DOB:				
1.	Floor plan enclosed	Registration	ı fee f	or this unit enclosed; amount:						
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