



TOWNSHIP OF FAIRFIELD
230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004
PHONE: 973-882-2700, DEPT. EXT. 2501
FAX: 973-882-0365

MUNICIPAL CLERK / VITAL STATISTICS

Landlord Registration Form

"Registration statement for One-Dwelling unit rental or Two-dwelling unit non-owner occupied premises in accordance with New Jersey statute 46:8-28".

Address of Dwelling: _____

Total Number of Dwelling Units: _____

1. Name of Owner of Record: _____

Name of owner of rental business, if not building owner: _____

2. If owner is a corporation, name and address of agent: _____

3. If owner does not reside or have offices in this County, please give the name of the authorized agent who does have residence or offices in Essex County: _____

4. Name and address of managing agent, if any: _____

5. Name, address and telephone numbers of superintendent, janitor, custodian, or other individual employed by the owner of record or managing agent providing regular maintenance service:

Telephone numbers: _____ (home) _____ (cell)

6. Name, address and telephone numbers of an individual representative of the record owners or managing agent who may be reached at any time in the event of an emergency affecting any part of the premise and who has the authority to make emergency decisions concerning the building and repairs thereto or expenditures in connection therewith:

Telephone numbers: _____ (home) _____ (cell)

7. Name and address of any and all holders of mortgages on property:

Name

Name

Street

Street

City & State

Zip

City & State

Zip

8. Fuel oil supplier: _____ Grade of fuel used: _____

Statement prepared by: _____

Date: _____