CITY OF ABSECON

Municipal Complex
500 Mill Rd.
Absecon, NJ 08201

Landlord Registration Statement (N.J.S.A. 46:8-28)

Property Address: _____

Block_____ Lot _____

A) Name & address of record owner of the premises: _____

_____

_____

A) If a partnership, provide: Name & address of record owner of the rental business together with telephone numbers

_____

_____

_____

B) If a corporation, provide: Name & address of registered agent & corporate officers _____

_____

_____

C) If the owner is not a resident of Atlantic County, provide contact information for an agent located in Atlantic County. Name, address & telephone number.

_____

_____

D) Name, address & telephone of emergency contact in Atlantic County:

_____

_____

E) Name & address of every holder of the record mortgage _____

_____

_____

_____

F) If fuel oil is used to heat the building and the landlord furnishes the heat, provide the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used as follows:

_____

_____

☐ The building is not heated by fuel oil ☐ The building is heated by fuel oil, but the Landlord does not furnish heat.

G) Number of sleeping rooms_____
(Identify each sleeping room by number & location within the rental unit by sq. footage. Provide floor plan on separate paper.)

Additional information may be required from time to time by The City of Absecon.

Signature _____ Date _____