



# 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 \_\_\_\_\_ Qualifier \_\_\_\_\_

A) Name & address of record owner of the premises \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A.1) 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:

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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 \_\_\_\_\_