Borough of
Medford Lakes

LANDLORD REGISTRATION & CERTIFICATE

Rental Property Per N.J.S.A. 46:8-26 et seq.

TYPE: s **Single-family** s **Multi-family** s **Business** s **Other** _____.

DATE OF APPLICATION: _____. DATE OF ISSUANCE: _____.

* Owner's Name (s): _____.

Owner's Address: _____.
STREET ***CITY*** ***STATE*** ***ZIP***

Property Address: _____ Medford Lakes, NJ 08055

Block Number: _____ Lot Number: _____.

Owner's Phone: Day: _____ Night: _____.

Name of Managing Agent (if any): _____.

Address of Managing Agent: _____.
STREET ***CITY*** ***STATE*** ***ZIP***

Name of Maintenance Service (if any): _____.

Address of Maintenance Service: _____.
STREET ***CITY*** ***STATE*** ***ZIP***

Name of Mortgage Holder: _____.

Address of Mortgage Holder: _____.
STREET ***CITY*** ***STATE*** ***ZIP***

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____.

Address: _____.
STREET ***CITY*** ***STATE*** ***ZIP***

TYPE OF HEAT: s **ELECTRIC** s **GAS** s **OIL**
(IF OIL):
Name of Oil Company: _____.

Address of Oil Company: _____.

Phone Number: _____.

SIGNATURE (S):

_____ _____.
PROPERTY OWNER *DATE*

_____ _____.
ZONING OFFICIAL *DATE*

_____ _____.
FIRE OFFICIAL *DATE*

NOTE: ANY CHANGES TO THIS CERTIFICATE MUST BE FILED WITH THE BOROUGH WITHIN 20 DAYS OF THE CHANGE.

**** OWNER INCLUDES ANY PARTNERSHIP, CORPORATION AND ALL ASSOCIATED OFFICERS***

*** ORIGINAL-File*
*** COPY- File*