

BOROUGH OF CALIFON
MUNICIPAL OFFICES
39 Academy St., PO Box 368, Califon, NJ 07830
(908) 832-7850
www.califonboro.org



Office of the Clerk/Administrator
KAREN MASTRO, R.M.C., C.M.R.
Ext. 201
kmastro@califonboro.net

BOROUGH OF CALIFON
LANDLORD REGISTRATION CERTIFICATE
Pursuant to N.J.S.A. 46:8-28

PROPERTY ADDRESS: _____

BLOCK: _____

LOT: _____

Pursuant to the New Jersey Landlord Act, N.J.S.A. 46:8-28 et seq., The undersigned Landlord here by provides the following information with regards to the rental property described herein:

1. Name and address of owner of property:

2. Name and address of owner of rental business or renter:

3. If record owner of property is a corporation:

- a. Name and address of registered agent of the corporation:

b. Name and address of officers of corporation:

4. Name of person located in the county in which the property is located who is authorized by the owner of the property to accept and sign a receipt for notices from tenants and to issue receipt therefore and to accept service of process:

5. Name and address of managing agent (if any):

____ There is no managing agent.

6. Name and address (including apartment number) of the Superintendent or maintenance employee (if any):

____ There is no Superintendent or Maintenance employee.

7. Name, address and telephone number of an individual representative of the owner or managing agent who may be contacted in the event of an emergency having authority to make emergency decisions, who will be available 24 hours per day:

8. Name and address of all holders of recorded mortgages:

____ There is no recorded mortgage on the property.

9. If fuel oil is used to heat the building and the landlord furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used

are as follows:

_____ the building is not heated by fuel oil

_____ the building is heated by fuel oil but the landlord does not furnish heat.

By: _____
Landlord- Printed Name

Landlord- Signature

Califon Borough Clerk or Deputy Clerk

Date

Please submit a copy of this form to your tenants and Municipal Clerk

