

LANDLORD REGISTRATION FORM

Date:

PERSON FILING FORM

Stow Creek Township
474 Macanippuck Road
Bridgeton, New Jersey

Home Phone Owner/Manager:

Cell phone Owner/Manager:

08302
Phone: 856-451-8822
Fax: 856-451-3376

PHYSICAL ADDRESS OF PROPERTY RENTED OR LEASED:

Single or multiple unit

BLOCK

Apartment number at this location if any

LOT

PROPERTY OWNER(S) OF RECORD

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF A CORPORATION OR PARTNERSHIP ALL AGENTS OR OFFICERS

ADDRESS:

CITY:

STATE:

ZIP:

IF the owner of record is not located within the County of Cumberland provide the name and address of of a person within the County to accept notices on behalf of the owner and who is authorized to issue receipts

Person authorized to receive notices / receipts

ADDRESS:

CITY:

STATE:

ZIP:

Name of Superintendent, Custodian, Janitor or
person who performs regular maintenance

ADDRESS:

CITY:

STATE:

ZIP:

Name of Emergency Contact

ADDRESS:

CITY:

STATE:

ZIP:

Name of Secondary Emergency Contact

ADDRESS:

CITY:

STATE:

ZIP:

Name of person who can authorized emergency repairs

ADDRESS:

CITY:

STATE:

ZIP:

Type of Fuel used for heating purposes

Grade

If fuel is delivered and stored at unit, provide
name and address of fuel dealer used

ADDRESS:

CITY:

STATE:

ZIP:

Name of Renter or Leasee

ADDRESS:

APT #

CITY:

STATE:

ZIP:

Printed name of person who prepared form

Signature of person preparing form

This form must be filled out for each rental unit and at each tenant change as it occurs thereafter.

*** FOR OFFICE USE ONLY ***

Date Received _____

Amount Paid \$ _____

☐ Check # _____

☐ Cash \$ _____

return form to: STOW CREEK TWP CLERK
474 MACANIPPUCK ROAD
BRIDGETON, NJ 08302