REGISTRATION STATEMENT FOR ONE-DWELLING UNIT RENTAL OR TWO-DWELLING UNIT NON-OWNER OCCUPIED PREMISES IN ACCORDANCE WITH NEW JERSEY STATUTE 46: 8-28

Address of Dwelling: _____

Total Number of Dwelling Units: _____

A. Name & Address of Owner of Record: _____
_____
_____Telephone No. _____
Name of Owner of Rental Business, if not Building Owner:
_____

B. If Owner is Corporation, Name & Address of Agent:
_____

C. If Owner does not reside or have offices in the County, give the name of Authorized Agency who does have residence of office in Passaic County:
_____

D. Name and Address of Managing Agent, if any:
_____

E. Name and Address of Superintendent, Janitor, Custodian, or other Individual Employed by Owner of Record of Managing Agent: _____
_____Telephone No._____

F. Name and Address of Individual to be called in event of **Emergency**:
_____**Telephone No**._____

G. Name and Address of any and all holders of Mortgages on the Property:
Name:_____ Name:_____
Street:_____ Street:_____
City & State:_____City & State:_____

H. Fuel Oil Supplier:_____
Grade of Fuel Used:_____

Statement prepared by:_____

Signature:_____Date:_____