



**BOROUGH OF BLOOMINGDALE  
101 HAMBURG TURNPIKE  
BLOOMINGDALE, NEW JERSEY 07403  
(TEL) 973-838-0778 (FAX) 973-838-5115**

ADDRESS OF DWELLING: \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

Check one: \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Business

Total Number of Dwelling Units: \_\_\_\_\_

A. Name of Owner(s) of Record: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

B. If Corporation, Name, Address, Telephone of Registered Agent: \_\_\_\_\_

\_\_\_\_\_

Name of Corporate Officers: \_\_\_\_\_

C. Name, Address, Telephone of Managing Agent, if applicable: \_\_\_\_\_

\_\_\_\_\_

D. Individual to be called in the event of emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E. Name of Mortgage Holder(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

F. Fuel Oil/Gas

Supplier Name: \_\_\_\_\_ Grade of Fuel Used: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

G. Name of Tenant(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Age (if a minor): \_\_\_\_\_

Number of rooms rented to tenant(s): \_\_\_\_\_

Square footage of each room being rented: \_\_\_\_\_

Number of persons occupying the rental space: \_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

**PROVIDE COPY TO MUNICIPAL CLERK OF BOROUGH AND ALSO TENANT**

An amended registration statement must be filed within 7 days after any change in the foregoing information. A separate registration statement must be filled out for each rental unit.

STATE OF NEW JERSEY  
DEPARTMENT OF COMMUNITY AFFAIRS  
Landlord Registration Law N.J.S.A. 46:8-28

C: Police Department  
Fire Department  
Property Maintenance Official  
Zoning/Construction Official