



**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: _____

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

Tenant Signature

Date

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