

BOROUGH OF METUCHEN

500 Main Street Metuchen, New Jersey 08840

Landlord Registration Form

N.J.S.A. 46:8-26 ET SEQ

1. Address of Premises: _____

Street Number and Name of Street

Number of Units at this address: _____

Municipality: Metuchen **State:** New Jersey **County:** Middlesex

2. Property Owner(s) General Information & Mailing Address

A. Name and Address of Property Owner

If Private / Individual: _____

Last Name,

First Name

Middle Initial

If Other: _____

Give Full Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc...

Address: _____

Post Office Box Number or Street Number and Name

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ Is This A Cell Phone: Yes No

Email Address: _____

B. Name and Address of Registered Agent if Owner is a Corporation

Name: _____

Last Name,

First Name

Middle Initial

Address: _____

Street Number and Name of Street

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ Is This A Cell Phone: Yes No

Email Address: _____

C. Name and Address of Person within Middlesex County upon whom Service of Process may be made: (Address Must Not Be A Post Office Box)

Name: _____

Last Name,

First Name

Middle Initial

Address: _____

Street Number and Name of Street

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ Is This A Cell Phone: Yes No

SAME AS OWNER

D. Name and Address of Manager of the Premises, if any

Name: _____
Last Name, First Name Middle Initial

Address: _____
Street Number and Name of Street

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ Is This A Cell Phone: Yes No
SAME AS OWNER TENANT IS RESPONSIBLE

E. Name and Address of Maintenance Personnel of the Premises, if any

Name: _____
Last Name, First Name Middle Initial

Address: _____
Street Number and Name of Street

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ Is This A Cell Phone: Yes No
SAME AS OWNER TENANT IS RESPONSIBLE

**F. Name and Address of Person who should be contact in the event of an Emergency at the Premises
(failure of essential services, decisions on emergency repairs)**

Name: _____
Last Name, First Name Middle Initial

Address: _____
Street Number and Name of Street

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ Is This A Cell Phone: Yes No
SAME AS OWNER

G. Name and Address of Mortgage Holders on Premises

Name: _____
Last Name, First Name Middle Initial

Address: _____
Street Number and Name of Street

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ Is This A Cell Phone: Yes No

For Division Use Only

Inspector Name: _____ **Certification Number:** _____

Registration Number: _____ **Date:** _____ 20____

Address: _____ <div style="text-align: center; font-size: small;">Street Number and name of Street</div>		
Number of Units at this address: _____		
Block Number	Lot Number	Municipal Tax Account Number

- (0) Corporation (1) Private / Individual (2) Partnership (3) Condominium
(4) Cooperative (5) Government Agency (6) LLC Corporation

This information shall be filed with the Municipal Clerk of the Borough of Metuchen where the property is located, provided to each tenant, and Posted in a conspicuous place on the premises.

Changes in above information shall be provided for the above within seven (7) days of a change.

Date Prepared: _____ 20 _____

Owner's Signature : _____

Annual registration fee of \$40 per rental unit per address

Multiple dwellings (three or more dwelling units)	\$50 for the first 4 dwelling units \$10 for each additional 4 units or fraction thereof.
---	---

Registration Fees are Payable to: **Borough of Metuchen**

This form and all registration fees should be mailed to:

**Metuchen Fire Prevention Bureau
500 Main Street
Metuchen, NJ 08840**

or

They may be dropped off at the Finance Department at Borough Hall during regular business hours.

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statement made by me are willfully false, I will be subject to penalty.

Sworn and subscribed to before me this _____ day of _____, 20 _____

Signature of Notary Public	Applicant's Signature
	Printed Name of Applicant