



TOWN OF DOVER

COUNTY OF MORRIS
37 North Sussex Street, Dover N.J. 07801
(973) 366-2200

CERTIFICATE OF REGISTRATION *Non-Owner Occupied Premises*

FOR TOWN USE ONLY

Date Filed: _____

New Registration:

Amended Registration

Date Entered into Database: _____

Entered By: _____

Property

Block: _____ Lot: _____

Location (Address): _____

Number of Dwelling Units: _____

Record Owner(s)

Name: _____

Address: _____ County: *Morris* *Other* _____

Telephone Number: _____

"Record Owner" is a : *Corporation* *Partnership* *Individual*

Pursuant to NJSA 46:8-28, the landlord shall supply the names and addresses of all general partners in the case of a Partnership, or corporate officers in the case of a Corporation: **(Attach pages as necessary to fully comply**

Name	Address	Title (e.g. President)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

"Record Owner" of Premises is is not the Record Owner of the Rental Business for this premises.

NOTE: If the "Record Owner" of the premises is not the "Record Owner of the Rental Business", attach a sheet providing the same information requested under "Owner of Record" for the "Record Owner of the Rental Business".

Registered Agent for Corporations

If Owner of Record is a Corporation:

Registered Agent Name: _____

Address: _____

Telephone Number: _____

Authorized Agent

If the address of any record owner is not located in the County of Morris you must provide the name and address of a person (Registered Agent) who resides in Morris County who is authorized to accept notices from a tenant and to issue receipts therefore and to accept service on behalf of the Owner of Record:

Registered Agent Name: _____

Address: _____

Telephone Number: _____

Managing Agent (if any)

Managing Agent Name: _____

Address: _____

Telephone Number: _____

Non-Owner Occupied Premises Registration (cont.)

Superintendent / Janitor / Custodian (if any)

Individual employed by the Owner of Record or Managing Agent to provide regular maintenance service:

Superintendent's Name: _____
Address: _____ Building No. _____ Unit No. _____
Telephone Number: _____

Emergency Contact

The individual representative of the Owner of Record or Managing Agent who may be reached or contacted at any time in the event of an emergency affecting the premises or any unit of dwelling space therein, including such emergencies as the failure of any essential service or system, and who has the authority to make emergency decisions concerning the building and any repair thereto or expenditure in connection therewith:

Emergency Contact Name: _____
Address: _____ Telephone Number: _____

Mortgage Holders

The name and address of EVERY holder of a recorded mortgage on the premises (use additional sheets if necessary):

<i>Name</i>	<i>Address</i>
1. _____	_____
2. _____	_____
3. _____	_____

Fuel Oil Dealer

Is fuel oil used to heat the building AND does the landlord furnishes the heat : Yes No

If fuel oil is used to heat the building and the landlord furnishes the heat in the building, you must provide the following:

Fuel Oil Dealer's Name: _____
Address: _____ Telephone Number _____
Grade of Fuel Oil Used _____

CERTIFICATIONS

I certify that the statements and the information submitted are true. I further certify that I am the individual landlord or that I am an Officer of the Corporate landlord and that I am authorized to sign the registration for the corporation or that I am a general partner of the partnership landlord.

I also certify that I understand that in accordance with NJSA 46:8-28.2., that I am required to file an amended certificate of registration with the Town of Dover within 20 days after any changes in the information contained herein.

NOTE: (If the landlord is a corporation this must be signed by an authorized corporate officer. If the landlord is a partnership, this must be signed by a general partner.)

LANDLORD:

(Printed Name)

(Signature of Applicant)

(Date)