Township of Lakewood Landlord Identity Statement One and Two Unit Dwelling Registration Form

This original certificate must be filed with the <u>Lakewood Township Municipal Clerk</u> in accordance with N.J.S.A. 46:8-28.

A copy of this certificate shall be provided by the <u>Landlord</u> to each occupant or tenant in accordance with <u>N.J.S.A.</u> 46:8-29.

OWNER INFORMATION		
Name:		
Street Address:		
City: State: Zip Code: _		
Phone Number:		
PLEASE CHECK ONE: () Individual Owner(s) () Corporation		
() Partnership () Unincorporated b		
If Corporation, the Name and Address of the Registered Agent & Corporate Off	icers:	
RENTAL PROPERTY		
Address:		
Block: Lot(s): Has the property been inspected yet?		
Rental Certificate of Occupancy Number:		
PLEASE CHECK ONE: () Single Family () Duplex () Condo		
A Not Applicable		
MORTGAGE HOLDER () Not Applicable		
Name(s):		
Street Address:		
City: State: Zip Code: _		
Phone Number:		
Mortgage Company:		
Mortgage Company.		
IN COUNTY AGENT: If the property owner does not reside in Ocean County		
address of a person who resides in Ocean County who is authorized to accept tenant & issue receipts therefore & to accept service of process on behalf of the		
	record owner.	
() Not Applicable – Property Owner resides in Ocean County		
Name:		
Address:		
Phone Number:		

	Signature
day of	· ······
n and subscribed to before me this	Print Name
	I hereby declare under the penalties of the L that the foregoing Statement is correct in all particulars.
Grade of Fuel Oil used:	
Address:	
Name of Fuel Oil Dealer:	
heat in the building. () Not Applicable	eat the building and the Landlord furnishes the
Address: Phone Number:	
Name:	
to make emergency decisions concerning the access to a current list of building tenants. () Not Applicable	
Phone Number:	
Address:	
Name:	
record owner or managing agent to provide re () Not Applicable	guiar maintenance services, if any.
	nt, Janitor, Custodian or Other employed by the
Phone Number:	
Address:	