

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

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

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

<p><u>OWNER INFORMATION</u></p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone Number: _____</p> <p><u>PLEASE CHECK ONE:</u> <input type="checkbox"/> Individual Owner(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Unincorporated business</p> <p>If Corporation, the Name and Address of the Registered Agent & Corporate Officers:</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p><u>RENTAL PROPERTY</u></p> <p>Address: _____</p> <p>Block: _____ Lot(s): _____ Has the property been inspected yet? _____</p> <p>Rental Certificate of Occupancy Number: _____</p> <p><u>PLEASE CHECK ONE:</u> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condo</p>
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<p><u>MORTGAGE HOLDER</u> <input type="checkbox"/> Not Applicable</p> <p>Name(s): _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone Number: _____</p> <p>Mortgage Company: _____</p>
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<p><u>IN COUNTY AGENT:</u> If the property owner <u>does not reside in Ocean County</u>, the name and address of a person who resides in Ocean County who is authorized to accept notices from a tenant & issue receipts therefore & to accept service of process on behalf of the record owner.</p> <p><input type="checkbox"/> Not Applicable – Property Owner resides in Ocean County</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p>

MANAGING AGENT: () Not Applicable
Name: _____
Address: _____
Phone Number: _____

MAINTENANCE SERVICE: Superintendent, Janitor, Custodian or Other employed by the record owner or managing agent to provide regular maintenance services, if any.
() Not Applicable
Name: _____
Address: _____
Phone Number: _____

EMERGENCY CONTACT: Individual representing the record owner who has the authority to make emergency decisions concerning the building and any repair thereto and who has access to a current list of building tenants.
() Not Applicable
Name: _____
Address: _____
Phone Number: _____

FUEL OIL DEALER: If fuel oil is used to heat the building and the Landlord furnishes the heat in the building.
() Not Applicable
Name of Fuel Oil Dealer: _____
Address: _____
Grade of Fuel Oil used: _____

I hereby declare under the penalties of the Law that the foregoing Statement is correct in all particulars.

Sworn and subscribed to before me this _____ day of _____ 20____ .

Print Name

Signature

Notary Public of the State of New Jersey