

Borough of Audubon



TELEPHONE: (856) 547-0710
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606 W. NICHOLSON ROAD
AUDUBON, NEW JERSEY 08106

LANDLORD IDENTITY STATEMENT

BUILDING ADDRESS:

BLOCK # LOT # UNIT:

TENANT DWELLING REGISTRATION FORM

\$50.00 Inspection Fee shall be paid for each rental unit.

Please type or print all information: (For additional information attach separate sheet)

1. Name and Addresses of all record owners of the building or of the rental business including all general partners in case of a partnership are as follows (name, address and phone number):

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Email: _____	

2. Number of dwelling units: _____

3. ****ALL TENANTS (INCLUDING CHILDREN) MUST BE INCLUDED BELOW****

For more than one rental unit, ONLY ONE FORM IS NEEDED (Please specify which unit each tenant occupies).

Name: _____	Name: _____
Phone #: _____	Phone #: _____
Children: _____	Children: _____
Children: _____	Children: _____
Children: _____	Children: _____

4. If the address of any record owner is not located in the County in which the dwelling is located, the name of a person who resides in the county and is authorized to accept notices from a tenant to issue receipts for those notices and to accept service of process on behalf of the out of county record of owner(s) are as follows (name, address, and phone number):

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

5. The managing agent is as follows (name, address and phone number):

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

6. A superintendent, janitor, custodian or other person employed to provide regular maintenance services are as follows: (name, address (including apartment number), dwelling unit, etc. and phone number).

Name: _____	Name: _____
Address: _____ Apt. # _____ Unit: _____	Address: _____
Phone #: _____	Phone #: _____

7. The individual representative of the record owner or managing agent who may be reached at any time in the event of any emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service of system and who has the authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows (name, address and phone number):

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

8. The name and address of holders of recorded mortgages on the property are as follows:

Name: _____	Address: _____
Name: _____	Address: _____
Name: _____	Address: _____

() There is no recorded mortgage on the property.

9. If fuel oil is used to heat the building and the owner furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of oil used are as follows (name, address and phone number):

Name: _____ Address: _____

Phone #: _____

Grade of Fuel Oil: _____

10. A floor plan must be submitted (**NOT NECESSARY IF THIS IS ALREADY ON FILE**). The floor plan should indicate all rooms, doors, kitchens, sleeping areas, etc.

() Floor Plan attached

11. The owner of the property is a senior citizen and qualifies under NJS 54:4-8.41 () Yes () No

12. Driver's License Number for the registered owner: _____ State _____

Signature

Printed Name

Title

Date

Make checks payable to the Borough of Audubon. If the forms are not received by the due date, a \$20.00 late fee will be assessed. If you have any questions concerning this form, please call the Borough Clerk's Office at 856-547-0711.

Do not write below this line

Check Number: _____

Amount: _____

Date Rec'd: _____

ONLY ONE CHECK IS REQUIRED FOR MULTIPLE UNITS

Tax Record Number Check: () Yes Initials: _____