

## REGISTRATION STATEMENT OF LANDLORD

Pursuant to the *New Jersey Landlord Act, N.J.S.A. 46:8-27 et seq.*, I hereby file the following "Registration Statement of Landlord" with your office for the property located at

(address) \_\_\_\_\_  
in the **Township of Cherry Hill and County of Camden.**

**1. PROPERTY OWNER (N.J.S.A 46:8-28):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**2. OWNER OF RENTAL BUSINESS (N.J.S.A 46:8-28 a):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**3. If record owner of property is a corporation (N.J.S.A 46:8-28 b):****a. Name and address of registered agent of the corporation:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**b. Name and address of officers of corporation:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**4. Name of person located in the county in which the property is located who is authorized by the owner of the property to accept and sign a receipt for notices from tenants and to issue receipts therefore, and to accept service of process (N.J.S.A 46:8-28 c):**

\_\_\_\_\_

**-- Be sure to complete information on page 2 --**

**5. Name and address of managing agent (if any) (N.J.S.A 46:8-28 d):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**6. Name and address (including apartment number) of maintenance employee (if any) (N.J.S.A 46:8-28 e):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**7. Name and address and telephone number of an individual representative of the owner or managing agent who may be contacted in the event of an emergency having authority to make emergency decisions, who is be available 24 hours per day**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**8. Name and address of all holders of recorded mortgages (N.J.S.A 46:8-28 f):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**9. Name and address of fuel oil dealer servicing building and fuel oil grade, if applicable (N.J.S.A 46:8-28):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**10. Name and address where tenants may obtain crime insurance applications through the Federal Crime Insurance Program, Title VI of the Housing and Urban Development act of 1970, if a multiple dwelling (N.J.S.A 46:8-39):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Print Name)

**COMPLETED INFORMATION can be submitted via:**

**IN-PERSON or MAIL: Cherry Hill Township, Municipal Clerk, 820 Mercer Street, Cherry Hill, NJ 08002**

**FAX: 856-488-7893**

**EMAIL: [clerklicenses@chnj.gov](mailto:clerklicenses@chnj.gov)**