

**WEST WINDSOR TOWNSHIP
271 CLARKSVILLE ROAD**

**LANDLORD IDENTITY STATEMENT
ONE AND TWO UNIT DWELLING REGISTRATION FORM
N.J.A.C. 5:29 1.2 THROUGH 5:29 2.2**

LANDLORD IDENTITY REGISTRATION REGULATIONS

**THIS FORM IS TO BE FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANTS IN ACCORDANCE
WITH N.J.S.A. 46:8-28 AND 46:8-29.**

THE FORM PRESCRIBED BY THIS SUBCHAPTER IS REQUIRED TO BE GIVEN BY LANDLORDS TO TENANTS IN SINGLE UNIT DWELLINGS AND IN TWO UNIT DWELLINGS THAT ARE NOT OWNER OCCUPIED AND TO BE FILED IN THE OFFICE OF THE CLERK OF THE MUNICIPALITY IN WHICH ANY SUCH SINGLE UNIT DWELLING OR TWO UNIT DWELLING IS SITUATED.

TENANTS IN MULTIPLE DWELLINGS ARE REQUIRED TO BE GIVEN A COPY OF THE CERTIFICATE OF REGISTRATION FILED WITH THE BUREAU OF HOUSING INSPECTION IN ACCORDANCE WITH N.J.S.A. 55:A 12, N.J.S.A. 46:8 28 AND N.J.A.C. 5:10 1.11. (CONTACT THE BUREAU OF HOUSING INSPECTION, P.O. BOX 810, TRENTON, NEW JERSEY 08010 609 633 6240 FOR REGISTRATION APPLICATIONS FOR BUILDINGS WITH THREE OR MORE DWELLING UNITS)

BUILDING ADDRESS:

NUMBER OF DWELLING UNITS: _____

YEAR STRUCTURE WAS CONSTRUCTED: _____

1. The name and addresses of all record owners are as follows:

NAME	ADDRESS
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NAME	ADDRESS
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2. If the record owner is a corporation, the name and addresses of the registered agent and of the corporate offices are as follows:

NAME	ADDRESS
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/ /RECORD OWNER IS NOT A CORPORATION.

3. If the address of any record owner is **NOT** located in the county in which the dwelling is located. The name, address, and telephone number 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 owner(s) IS as follows:

NAME	ADDRESS	PHONE NUMBER
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/ / THE ADDRESSES OF ALL RECORD OWNER(S) ARE IN THE COUNTY IN WHICH THE DWELLING IS LOCATED.

4. The name and address of the managing agent IS as follows:

NAME	ADDRESS
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/ / THERE IS NO MANAGING AGENT.

5. The name and address of (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian, or other person employed to provide regular maintenance service IS as follows:

NAME	ADDRESS
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NAME	ADDRESS
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/ /THERE IS NO SUPERINTENDENT, JANITOR, CUSTODIAN OR OTHER PERSON EMPLOYED TO PROVIDE REGULAR MAINTENANCE SERVICE.

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

NAME	ADDRESS	PHONE NUMBER
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7. The names and addresses of all holders of recorded mortgages on the property are as follows:

NAME	ADDRESS
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NAME	ADDRESS
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/ / THERE IS NO RECORDED MORTGAGE ON THE PROPERTY.

8. Type of heating system for the premises:

GAS / _ / ELECTRIC / _ / FUEL OIL / _ / OTHER / _ /

IF FUEL OIL IS USED TO HEAT THE BUILDING AND THE LANDLORD FURNISHES THE HEAT; THE NAME AND ADDRESS OF THE FUEL OIL DEALER SERVICING THE BUILDING AND THE GRADE OF FUEL OIL USED ARE AS FOLLOWS:

NAME	ADDRESS
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GRADE OF FUEL OIL: _____

/ _ / THE BUILDING IS HEATED BY FUEL OIL, BUT THE LANDLORD DOES NOT FURNISH HEAT

DATE	LANDLORD OR AUTHORIZED REPRESENTATIVE
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*AFTER ANY CHANGE IN THE INFORMATION PROVIDED, EVERY LANDLORD SHALL FILE AN AMENDED CERTIFICATE OF REGISTRATION WITHIN 20 DAYS OF THE CHANGE

**AFTER FILING, ALL APPLICANTS MUST CONTACT THE WEST WINDSOR TOWNSHIP DEPARTMENT OF PUBLIC SAFETY (609) 799-8735 TO SCHEDULE THEIR INSPECTIONS.



TOWNSHIP OF WEST WINDSOR
Department of Administration
Finance Division
Office of Tax Assessment

I have changed my permanent mailing address. Kindly adjust the records for the follow property:

Block _____ Lot _____ Qual _____

Property Location _____

Former Mailing Address:

New Mailing Address:

Owners Name (Please Print): _____

Owners Signature: _____

Date: _____

Office of the Tax Assessor
PO Box 38
271 Clarksville Rd
West Windsor, NJ 08550
(609) 799-2400
Fax (609) 799-2044