

**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.

OWNER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

PLEASE CHECK ONE: Individual Owner(s) Corporation
 Partnership Unincorporated business

If Corporation, the Name and Address of the Registered Agent & Corporate Officers:

RENTAL PROPERTY

Address: _____

Block: _____ Lot(s): _____ Has the property been inspected yet? _____

Rental Certificate of Occupancy Number: _____

PLEASE CHECK ONE: Single Family Duplex Condo

MORTGAGE HOLDER Not Applicable

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Mortgage Company: _____

IN COUNTY AGENT: If the property owner does not reside in Ocean County, 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.

Not Applicable – Property Owner resides in Ocean County

Name: _____

Address: _____

Phone Number: _____

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