

**LANDLORD REGISTRATION CERTIFICATE**  
**(N.J.S.A. 46:8-26 et seq.)**

1. ADDRESS OF PREMISES \_\_\_\_\_
2. NAME AND ADDRESS OF OWNER (INCLUDE ALL PARTNERS OR CORPORATE OFFICERS) \_\_\_\_\_  
\_\_\_\_\_
3. NAME AND ADDRESS OF REGISTERED AGENT IN MONMOUTH COUNTY  
\_\_\_\_\_  
\_\_\_\_\_
4. NAME AND ADDRESS OF MANAGER OF THE PREMISES, IF ANY  
\_\_\_\_\_
5. NAME AND ADDRESS OF MAINTENANCE PERSONNEL, IF ANY  
\_\_\_\_\_
6. NAME, ADDRESS AND TELEPHONE NUMBER OF EMERGENCY CONTACT PERSON (FAILURE OF ESSENTIAL SERVICES – DECISIONS ON EMERGENCY REPAIRS) \_\_\_\_\_  
\_\_\_\_\_
7. NAME AND ADDRESS OF EVERY HOLDER OF A RECORDED MORTGAGE ON THE PREMISES \_\_\_\_\_  
\_\_\_\_\_
8. NAME AND ADDRESS OF FUEL OIL DEALER SERVICING THE PREMISES AND GRADE OF FUEL OIL \_\_\_\_\_  
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LANDLORD'S SIGNATURE

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MUNICIPAL CLERK  
TOWNSHIP OF ABERDEEN

DATE FILED \_\_\_\_\_