

TOWNSHIP OF LOGAN
P.O. BOX 314 125 MAIN STREET
BRIDGEPORT, NJ 08014
(856) 467-3424
FAX (856) 467-1061

LANDLORD REGISTRATION

Pursuant to the New Jersey Landlord Act, N.J.S.A. 46:8-27 et seq, the following registration statement is for the property located at _____, in the Township of Logan, and County of Gloucester:

1. Name, address, telephone number and email address of property owner:

Phone No.: _____

Email: _____

2. Name, address and telephone number of the rental agent and owner of the rental:

Phone No.: _____

Email: _____

3. If record owner of property is a corporation:

A. Name, address and telephone number of registered agent of corporation:

Phone No.: _____

Email: _____

B. Name, address and telephone number of officers of the corporation:

Phone No.: _____

Email: _____

4. Name, address and telephone number 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 receipt for notices from tenants and to accept service of process on behalf of the owner:

Name: _____

Address: _____

Phone No.: _____

Email: _____

5. Name, address and telephone number of managing agent (if any):

Phone No.: _____
Email: _____

6. Name, address (including apartment number), telephone number of maintenance employee (if any):

Phone No.: _____
Email: _____

7. Name, address, and telephone number of emergency representative of the owner or managing agent to be available 24 hours per day:

Phone No.: _____
Email: _____

8. Name and address of all holders of recorded mortgages:

9. Does property have city water ____ or private well ____.

10. Does property have public sewer ____ or septic system ____.

Applicant Name
(Authorized officer/partner if a corporation, partnership or LLC)

Date: _____ Signature: _____

****REGISTRATION NEEDS TO BE UPDATED EACH TIME C.O. IS APPLIED FOR****