



## TOWNSHIP OF NORTH BRUNSWICK LANDLORD REGISTRATION

Chapter 266-10, "Rental Housing" of the Code of the Township of North Brunswick, requires every landlord to register with the Department of Community Development every three (3) years on October 1st. Landlord registrations shall expire on the third September 30th following their filing.

**A fee of \$30 shall accompany each certificate of registration for each rental property.**

***(There is one fee per property, not per rental unit.)***

Street Address of rental housing unit: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

- This property is a:  Single family home, townhouse or condominium being rented in its entirety.  
 A two-family dwelling where both units are being rented separately.  
 A two-family dwelling that is owner occupied in one unit and the second unit is rented.

Name of Property Owner(s): \_\_\_\_\_

Primary Owner's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Please provide emergency contact information for someone with the authority to make emergency decisions:**

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**If the record landlord is a corporation, contact information for the managing agent appointed by owner for the purpose of providing regular maintenance service, and receiving service of process and other orders or notices.**

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**I acknowledge as the property owner that I am ultimately and legally responsible for all municipal charges, including water and sewer utilities, and that any municipal lien remaining unpaid on the eleventh day of the eleventh month of the July 1 fiscal year is subject to tax sale.**

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:** Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Check No.: \_\_\_\_\_ Cash: