

Registration No. _____

Quinton Township
RESIDENTIAL RENTAL UNIT REGISTRATION CERTIFICATE

1. .Rental Unit Address: _____

.Tax Map Reference: Block _____ Lot _____

.Certificate of Occupancy No. _____

2. .Description of Rental Unit (i.e. Single Family Home; Duplex; Apartment; Room): _____

.Height of building where Rental Unit is located (i.e. 1 story, 2 story, etc.): _____

.Is there a basement in Rental Unit building? Yes: _____ No: _____

.Number of Rental Units at the above address: _____

.Number of sleeping rooms in Rental Unit: _____

.How is Rental. Unit heated? (i.e. oil/gas/electrical): _____

.If fuel oil is used to heat the building and landlord furnishes the heat, the name and address of fuel oil dealer servicing the unit and the grade of fuel oil used: _____

3. .Name of Record Owner: _____

.Social Security /Tax ID#: _____

.Address: _____

.Phone Number: _____

.Note: If Record Owner is an entity such as a partnership, corporation, limited liability company, etc., complete the following; List the names and addresses of each partner, stockholder or member of the entity: _____

.List the names, addresses of each: managing or general partner for a Partnership; corporate officer for a corporation; managing member for a LLC:

Provide name and address of entity's registered agent (as filed with the New Jersey Secretary of State):

.The name and address of the managing agent of the premises, if any:

.The name and address, including the dwelling unit, apartment or room number of the superintendent, janitor, custodian or other individual employed by the record owner or managing agent to provide regular maintenance service, if any:

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 Rental Unit, including such emergencies as the failure of any essential service or system, and who has the authority to make emergency decisions concerning the building and any repair thereto or expenditure in connection therewith:

Name: _____

Address: _____

Phone: Day _____ Night: _____ Beeper/Other _____

4. .Is Rental Unit presently occupied: yes: _____ No: _____

.Names of all persons presently authorized to occupy Rental Unit (i.e. tenants):

.Total number of authorized tenants: _____

.Tenant's phone number (if known): _____

.If you are registered with the State of New Jersey as a hotel, motel, or rooming or boarding house, attach a copy of the most recent inspection certificate issued for Rental Unit premises.

5. .If Rental Unit is insured by owner/landlord against fire/other casualty, Peril or accident, list name and address of insurance company and policy number:
