

# BOROUGH OF METUCHEN

500 Main Street Metuchen, New Jersey 08840

## Landlord Registration Form

N.J.S.A. 46:8-26 ET SEQ

**1. Address of Premises:** \_\_\_\_\_

Street Number and Name of Street

**Number of Units at this address:** \_\_\_\_\_

**Municipality:** Metuchen **State:** New Jersey **County:** Middlesex

### 2. Property Owner(s) General Information & Mailing Address

#### A. Name and Address of Property Owner

**If Private / Individual:** \_\_\_\_\_

Last Name,

First Name

Middle Initial

**If Other:** \_\_\_\_\_

Give Full Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc...

**Address:** \_\_\_\_\_

Post Office Box Number or Street Number and Name

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ Is This A Cell Phone: Yes  No

**Email Address:** \_\_\_\_\_

#### B. Name and Address of Registered Agent if Owner is a Corporation

**Name:** \_\_\_\_\_

Last Name,

First Name

Middle Initial

**Address:** \_\_\_\_\_

Street Number and Name of Street

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ Is This A Cell Phone: Yes  No

**Email Address:** \_\_\_\_\_

#### C. Name and Address of Person within Middlesex County upon whom Service of Process may be made: (Address Must Not Be A Post Office Box)

**Name:** \_\_\_\_\_

Last Name,

First Name

Middle Initial

**Address:** \_\_\_\_\_

Street Number and Name of Street

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ Is This A Cell Phone: Yes  No

SAME AS OWNER

**D. Name and Address of Manager of the Premises, if any**

**Name:** \_\_\_\_\_  
Last Name, First Name Middle Initial

**Address:** \_\_\_\_\_  
Street Number and Name of Street

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ Is This A Cell Phone: Yes  No   
SAME AS OWNER  TENANT IS RESPONSIBLE

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**E. Name and Address of Maintenance Personnel of the Premises, if any**

**Name:** \_\_\_\_\_  
Last Name, First Name Middle Initial

**Address:** \_\_\_\_\_  
Street Number and Name of Street

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ Is This A Cell Phone: Yes  No   
SAME AS OWNER  TENANT IS RESPONSIBLE

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**F. Name and Address of Person who should be contact in the event of an Emergency at the Premises  
(failure of essential services, decisions on emergency repairs)**

**Name:** \_\_\_\_\_  
Last Name, First Name Middle Initial

**Address:** \_\_\_\_\_  
Street Number and Name of Street

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ Is This A Cell Phone: Yes  No   
SAME AS OWNER

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**G. Name and Address of Mortgage Holders on Premises**

**Name:** \_\_\_\_\_  
Last Name, First Name Middle Initial

**Address:** \_\_\_\_\_  
Street Number and Name of Street

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ Is This A Cell Phone: Yes  No

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**For Division Use Only**

**Inspector Name:** \_\_\_\_\_ **Certification Number:** \_\_\_\_\_

**Registration Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 20\_\_\_\_

Address: _____ <div style="text-align: center; font-size: small;">Street Number and name of Street</div>		
Number of Units at this address: _____		
_____	_____	_____
Block Number	Lot Number	Municipal Tax Account Number

- (0)  Corporation      (1)  Private / Individual      (2)  Partnership      (3)  Condominium  
(4)  Cooperative      (5)  Government Agency      (6)  LLC Corporation

This information shall be filed with the Municipal Clerk of the Borough of Metuchen where the property is located, provided to each tenant, and Posted in a conspicuous place on the premises.

Changes in above information shall be provided for the above within seven (7) days of a change.

Date Prepared: \_\_\_\_\_ 20 \_\_\_\_\_

Owner's Signature : \_\_\_\_\_

Annual registration fee of \$40 per rental unit per address

Multiple dwellings (three or more dwelling units)	\$50 for the first 4 dwelling units \$10 for each additional 4 units or fraction thereof.
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**Registration Fees are Payable to: Borough of Metuchen**

This form and all registration fees should be mailed to:

**Metuchen Fire Prevention Bureau  
500 Main Street  
Metuchen, NJ 08840**

or

They may be dropped off at the Finance Department at Borough Hall during regular business hours.

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statement made by me are willfully false, I will be subject to penalty.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public	Applicant's Signature
	Printed Name of Applicant