

EGG HARBOR TOWNSHIP  
Atlantic County, New Jersey



## Landlord-Tenant Information Service

### Regulations for the Landlord Identity Registration Form (NJAC 5:29-1.1)

#### § 5:29-1.1 Applicability

(a) Pursuant to N.J.S.A. 46:8-28 and 46:8-29, the form prescribed by this subchapter is required to be given by landlords to tenants in single unit dwellings and in two-unit dwellings that are not owner-occupied and to be filed in the office of the clerk of the municipality in which any such single unit dwelling or two-unit dwelling is situated.

(b) Tenants in multiple dwellings are required to be given a copy of the certificate of registration filed with the Bureau of Housing Inspection in accordance with N.J.S.A. 55:13A-12, N.J.S.A. 46:8-28 and [N.J.A.C. 5:10-1.11](#).

# LANDLORD IDENTITY REGISTRATION STATEMENT

One and Two-Unit Dwelling Registration Form  
Egg Harbor Township, Atlantic County, New Jersey

The form of the certificate of registration to be filed with the municipal clerk and distributed to tenants by owners or non-owner occupied one and two-unit dwellings shall be substantially as follows:

1. **PROPERTY ADDRESS** \_\_\_\_\_

2. The names and addresses of all record owners of the building or the rental business (including all general partners in the case of a partnership) are as follows:

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_  
**TELEPHONE NUMBER** \_\_\_\_\_

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_  
**TELEPHONE NUMBER** \_\_\_\_\_

3. If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows:

<b>PRESIDENT</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>
<b>VICE PRESIDENT</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>
<b>SECRETARY</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>
<b>TREASURER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>
<b>REGISTERED AGENT</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP</b>

Record owner is not a corporation

4. If the address of any record owner is not located in Atlantic County, the name and address of a person who resides in Atlantic County and is authorized to accept notices from a tenant to issue receipts for those notices and to accept service of process on behalf of the out-of-county record owner(s) is as follows:

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_  
**TELEPHONE NUMBER** \_\_\_\_\_

5. Indicate the name and address of the managing agent:

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_  
**TELEPHONE NUMBER** \_\_\_\_\_

There is no managing agent

6. Indicate the name and address (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

There is no superintendent, janitor, custodian or other person employed to provide regular maintenance

7. 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 dwelling or any dwelling unit, including such emergencies as the failure of any essential service or system, and who has authority to make emergency decisions concerning the building, including the making of repairs and expenditures, is as follows:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

8. The names and addresses of all holders of recorded mortgages on the property are as follows:

MORTGAGEE NAME \_\_\_\_\_  
MORTGAGEE ADDRESS \_\_\_\_\_  
MORTGAGEE CITY, STATE, ZIP \_\_\_\_\_  
MORTGAGEE TELEPHONE NO. \_\_\_\_\_

There is no recorded mortgage on the property

9. List Tenant or any other person in control of the property (other than record owner).

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

10. If fuel oil is used to heat the building and the landlord furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows:

FUEL PROVIDER NAME	_____
FUEL PROVIDER ADDRESS	_____
FUEL PROVIDER CITY, STATE, ZIP	_____
FUEL PROVIDER TELEPHONE NO.	_____
FUEL GRADE	_____

- The property is not heated by fuel oil  
 The property is heated by fuel oil, but the landlord does not furnish heat

11. Landlord Authorized Representative → \_\_\_\_\_  
Date: \_\_\_\_\_