

Office Use Only:
License # _____

TOWNSHIP OF SOUTH ORANGE VILLAGE ANNUAL RENTAL REGISTRATION STATEMENT

Pursuant to N.J.S.A. 46:827 et seq. and Village Ordinance #2009-18

Any change to the Registration Statement must be filed with the Village Clerk within seven (7) days.

Application Date: _____ **Single Family** - \$125.00 fee
 Multi-Family - \$150.00 fee

New Registration **Renewal Registration**

Rental Registration Period: Sept 1, 2013 – Aug 31, 2014

Premises Address: _____

Block: _____ **Lot:** _____ **Qual:** _____

PROPERTY OWNER INFORMATION:			
Name:		Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Address		City	State Zip
Primary Phone	Secondary Phone	Email	

MANAGEMENT COMPANY, OPERATOR, AGENT OR CONTACT PERSON:			
Name:		Type: <input type="checkbox"/> Management Company <input type="checkbox"/> Agent <input type="checkbox"/> Contact Person <input type="checkbox"/> Operator	
Address		City	State Zip
Primary Phone	Secondary Phone	Email	

HOLDER(S) OF RECORDED MORTGAGE [required N.J.S.A. 46:8-27]

Provide the name and address of EVERY holder of the recorded mortgage on the premises.

Name	Address

TENANT/ LEASE INFORMATION:

TOTAL # OF UNITS _____

Tenant Name & Address	# of Occupants	Number of Bedrooms	Number of Baths	Square Footage of Rental Property	Rental Lease Term	Rent Amount as of Date of Filing
						\$
						\$
						\$
						\$
						\$
						\$
						\$
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						\$
						\$
						\$
						\$
						\$

NOTE: If more entries are required please print out multiple copies of this page and complete

EMERGENCY CONTACT INFORMATION [must be completed]:

Person who may be reached at any time in the event of an emergency affecting the premises, any unit or dwelling space therein, including such emergencies as the failure of any essential service or system, and WHO HAS THE AUTHORITY TO MAKE EMERGENCY DECISIONS concerning the premises, any unit or dwelling space, and any immediate repair and expenditures in connection thereof.

Name: _____

Address: _____

Primary Telephone Number: _____ **Secondary Telephone Number:** _____

Email Address: _____

FUEL OIL DEALER:

Is Fuel Oil used to heat the premises? Yes No

Does the Property Owner furnish the heat? Yes No

If Yes, please provide the name, address and contact information for Fuel Oil Company:

CERTIFICATIONS:

I certify that the information contained in this statement are true and accurate and that I am authorized to submit and sign the Annual Registration Statement on behalf of the owner(s) of the property and premises.

I further certify that I understand that pursuant Ordinance #2009-18 of the Township of South Orange Village, that I am required to file an amended Annual Registration Statement with the Township of South Orange Village within seven (7) days of any changes to the information contained herein.

By signing below, I hereby declare and certify under penalty of law that the information provided in this Annual Registration Statement is true and correct in all of its particulars as of the date indicated.

(Signature)

Print Name

[check one] Property Owner General Managing Partner Corporate Officer Rental Agent

Office Use Only

Application Complete

Fee Paid

License # _____

Authorized Signature

Date