





**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 statements and information submitted are true and that I am authorized to submit and sign the Registration Statement.

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 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 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