



FREEHOLD TOWNSHIP RENTAL PROPERTY REGISTRATION

PLEASE FILL OUT ALL 5 SECTIONS

{Please type or print legibly}

Date Received _____

SECTION 1

RENTAL PROPERTY INFORMATION:

Registration # LR-_____

Block # _____ Lot # _____ Street Address _____

Building # if applicable) _____ Total # of Units per Bldg (if applicable) _____

Heating Source: (please circle one): Natural Gas Electric Propane Fuel Oil

If fuel oil is used--Please provide below the name and address of the fuel oil Dealer servicing the unit and the grade of fuel oil used.

Fuel Oil Dealer & Phone # _____ Grade of Oil _____

SECTION 2

OWNER INFORMATION:

Please list below the name and address of all record owners of the rental property, building or the rental business (including all general partners in the case of a partnership and all members in the case of a Limited Liability Company and all shareholders in the case of a Corporation.)

Owner's Name: (Last, First) _____

Mailing Address: (P.O. Box not acceptable) _____

Please provide no less than two telephone numbers:

Work Phone _____ Mobile _____ Home Phone _____

Record Owner is **not** a Corporation (Place check mark) : _____

If Record Owner is a Corporation, please list the names and addresses of the Registered Agent, and of the Corporate officers as follows:

Corporation/Partnership Name(s): _____

List additional Owners and addresses (if applicable) _____

*List below the **Name and Address** of all holders (**bank, equity loan, mortgage**, etc) recorded on this property:

No Mortgage on Property (Place check mark) _____

If **Owner of Record** is **NOT** located in Monmouth County, then please provide below the name, address and telephone number of a person who resides in Monmouth County and is authorized to accept notices from a tenant or municipality, to issue receipts for these notices and to accept service of process on behalf of the record owner, and who can also serve as 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 with authority to make emergency decisions concerning the building or unit, including the making of repairs.

Authorized Agent Name: _____

Address: _____

Phone: (provide all numbers a minimum of 2 where this person may be reached) _____

Emergency Contact- Name & Phone (provide all numbers where this person may be reached)

SECTION 3

MANAGING AGENT INFORMATION:

Managing Agent/Company Name: _____

Address: _____

Work Phone: _____ Mobile Phone: _____ Fax Number: _____

There is **no** Managing Agent: (Place check mark) _____

If applicable: Please provide the name, address and phone number of the Superintendent, Janitor, Custodian or other person employed to provide regular maintenance services

Name of Super/Custodian/Janitor, etc. _____

Address _____

Phone# (provide 2 numbers where this person might be reached) _____

Landlord or Authorized Representative (Print & Sign)

Date

SECTION 5

FLOOR PLAN SECTION

Block# _____ Lot# _____ Street Address _____

FOR EACH UNIT--Please provide below, a **detailed layout / floor plan for this unit**, accurate room dimensions. No space shall be used for sleeping purposes unless so designated as a sleeping area. Attach additional sheets, if needed.