



6808 Park Avenue, Guttenberg, NJ 07093
P: 201-868-2315 Ext. 100 Fax: 201-868-9332
www.guttenbergnj.org

CERTIFICATE OF REGISTRATION

THIS STATEMENT IS TO BE FILED WITH THE MUNICIPAL CLERK LANDLORD IDENTITY REGISTRATION REGULATIONS 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:A-12, N.J.S.A. 46:8-28 AND N.J.A.C. 5:10-1.11. (CONTACT THE BUREAU OF HOUSING INSPECTION, P.O. BOX 810, TRENTON, NEW JERSEY 08010 - 609-633-6240 FOR REGISTRATION APPLICATIONS FOR BUILDINGS WITH THREE OR MORE DWELLING UNITS) THIS FORM IS TO FILED WITH THE MUNICIPAL CLERK AND DISTRIBUTED TO TENANTS LANDLORD IDENTITY STATEMENT ONE AND TWO-UNIT DWELLING REGISTRATION FORM N.J.A.C. 5:29-1.2 THROUGH 5:29-2.2

PROPERTY ADDRESS: _____
Guttenberg, NJ 07093

1. Owner of Record’s full name, address and telephone number (if a partnership, the names of all general partners must be provided; if a corporation, the name, address and telephone number of the Registered Agent and Corporate Officers of the corporation must be provided)

2. If the address of the record owner is not located in Hudson County, the name, address and telephone number of a person who resides in Hudson County and who is authorized to accept notices from a tenant, to issue receipts therefore, and to accept service of process on behalf of the record owner must be provided.

3. The name, address and telephone number of the managing agent of the property, if any, must be provided.

4. The name, address and telephone number, including the apartment of dwelling unit number, of the person employed by the owner of record or managing agent to provide regular maintenance service to the property must be provided.



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5. The name, address and telephone number of a representative of the record owner or managing agent who can be contacted at any time in the event of an emergency and who has the authority to make emergency decisions concerning the building and any repair thereto or expenditure in connection therewith must be provide.

6. The name, address and telephone number of every holder of a recorded mortgage on the premises must be provided.

7. If the building is heated by fuel by fuel oil and the landlord furnishes the heat in the building, the name and address of the fuel oil dealer servicing the building and the grade of fuel used must be provided.

Statement of Landlord: I have read the above Certificate of Registration and to the best of my knowledge the information contained therein is true. If there are any changes in the above information, I understand that I have a continuing obligation to advise the Guttenberg Town Clerk of the changes.

Print name of Landlord

Landlord signature

Landlord's Signature Witnessed by: _____ **on this** _____ **day of** _____

SAMPLE COPIES OF THIS FORM MAY BE OBTAINED FROM LOCAL MUNICIPAL CLERK'S OFFICE OR, DOWNLOADED FROM TOWN'S OFFICIAL WEBSITE AT WWW.GUTTENBERGNJ.ORG AND, FROM:

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF HOMEOWNER PROTECTION
OFFICE OF LANDLORD-TENANT INFORMATION
P.O. BOX 805, TRENTON, NEW JERSEY 08625-0805**

PLEASE SEND COMPLETED FORMS TO:

- 1. MUNICIPAL CLERK'S OFFICE**
- 2. TENANT/TENANTS**
- 3. PROPERTY OWNER (KEEP A COPY FOR YOUR RECORDS)**