In accordance with N.J.S.A. 46:8-27 to 46:8-37, you are required to advise the City Clerk of the following information.

## **LANDLORD REGISTRATION STATEMENT**

PRINT or TYPE all Information
→ Property ADDRESS located in Ventnor City, New Jersey:
a) Name and address of the record OWNER of the premises:
a) Name and address of the record OWNER of the premises:
b) Name & Address of the MANAGING AGENT of the premises:
c) Name & Address & Apartment number of the SUPERINTENDENT:
d) Name, Address & Telephone number of PERSON WHO MAY BE REACHED OR CONTACTED at any time in the event of an emergency or regular maintenance calls:
e) Name & Address of OWNER REPRESENTATIVE residing in Atlantic County that has the authority to accept notices from Tenant, City of Ventnor or to issue receipts and accept service of process on behalf of the owner
f) Name & Address of every holder of a recorded mortgage on the premises being registered:
g) Name & Address of person preparing this statement:
DATE Statement was Prepared:

THIS FORM MUST BE COMPLETED AND MAILED TO: Lisa H. Hand, RMC, City Clerk Ventnor City Hall, Room 5
Phone (609) 823-7904 6201 Atlantic Avenue Ventnor City, NJ 08406

FAX (609)823-2809