



**TOWNSHIP OF MILLSTONE  
470 STAGE COACH ROAD  
MILLSTONE TOWNSHIP, NJ 08510  
(732) 446-4249**

TOWNSHIP USE ONLY		
Landlord Registration Number: _____	Block: _____	Lot: _____
<input type="checkbox"/> Certificate of Liability Insurance for Owners of Rental Units <input type="checkbox"/> \$50.00 Administrative Fee (Landlord Identity Statement) <input type="checkbox"/> \$50.00 Certificate of Insurance Fee (annually submitted by January 31) <input type="checkbox"/> \$50.00 Change of Information/Tenant Update (within 20 days)		
		Total Administrative Fee: _____
Check Number: _____	Received by: _____	Date: _____

**LANDLORD IDENTITY STATEMENT**

One and Two-Unit Dwelling Certificate of Registration Form  
N.J.A.C. 5:29-1.2 Thru 5:29-2.2 and Township of Millstone Ord. 22-17 and 23-07

The form of the Certificate of Registration to be filed with the Municipal Clerk and distributed to tenants by owners or non-owner occupied one and two-unit dwellings shall be completed as follows:

**1. Rental Property Information:**

Rental Property Address: _____	Block: _____	Lot: _____
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2. The names, addresses, phone numbers and email addresses of all record owners of the building or the rental business (including all general partners in the case of a partnership) are as follows (PO Boxes are not acceptable):

Owner's Name: _____	Email Address: _____
Address: _____	Phone Number: _____ If more than one Owner: <input type="checkbox"/> See attached for additional

3. If the record owner is a corporation, the names, addresses, phone numbers and email addresses of the registered agent and of the corporate officers are as follows:  Record owner is not a corporation.

Corporate Agent's or Officer's Name: _____	Email Address: _____
Address: _____	Phone Number: _____ If more than one Corporate Agent/Officer: <input type="checkbox"/> See attached for additional

4. If the address of any record owner is not located in Monmouth County, the name, address, phone number and email address of a person who resides in Monmouth County and is authorized to accept notices from a tenant, to issue receipts for those notices and to accept service of process on behalf of the out-of-county record owner(s) is as follows (PO Boxes are not acceptable):

Monmouth County Representative Name: _____	Email Address: _____
Address: _____	Phone Number: _____ <input type="checkbox"/> Record owner is in Monmouth County

**SEND COMPLETED FORMS TO TENANTS AND MUNICIPAL CLERKS**

5. The name, address, phone number and email address of the managing agent is as follows:

Managing Agent Name:		Email Address:
Address:	Phone Number:	<input type="checkbox"/> There is no managing agent

6. The name, address, phone number and email address (including dwelling unit, apartment or room number) of the superintendent, janitor, custodian or other person employed to provide regular maintenance service is as follows:

Maintenance Agent Name:		Email Address:
Address:	Phone Number:	<input type="checkbox"/> There is no maintenance agent

7. The name, address, phone number and telephone number of 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 affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service or system, and who has authority to make emergency decisions concerning the building, including the making of repairs and expenditures, is as follows:

Emergency Contact Name:		Email Address:
Address:	Phone Number:	Alternate Phone Number:

8. The names and addresses of all holders of recorded mortgages on the property are as follows:

Mortgage Holder Name:		Email Address:
Address:	Phone Number:	<input type="checkbox"/> There is no mortgage on the property <input type="checkbox"/> See attached for additional holder(s)

9. If fuel oil is used to heat the building and the Landlord furnishes the heat, the name, phone and address of the fuel oil dealer servicing the building and the grade of fuel oil used are as follows:

Fuel Dealer Name:		Email Address:
Address:	Phone Number:	Grade of Fuel:
<input type="checkbox"/> The building is heated by fuel oil (not furnished by the Landlord)		<input type="checkbox"/> The building is not heated by fuel oil

\_\_\_\_\_ Date: \_\_\_\_\_  
Landlord or Authorized Representative, signature

\_\_\_\_\_  
Landlord or Authorized Representative, print

TOWNSHIP USE ONLY			
<input type="checkbox"/> Certificate of Continued Occupancy (CCO), current	<input type="checkbox"/> All items received; License can be issued		
Date of current C.C.O.: _____	License Number: _____		
_____	_____	_____	_____
Construction Department	Date	Township Clerk	Date