



Borough of Medford Lakes
1 Cabin Circle Medford Lakes, NJ 08055

LANDLORD REGISTRATION & CERTIFICATE

Rental Property Per N.J.S.A. 46:8-26 et seq.

Date of Application: _____ Date of Issuance: _____ Single-Family Multi-Family Business Other (_____)

Owner's Name(s): _____ Phone#: _____

Owner's Address: _____ Street _____ City _____ State _____ Zip Code _____ Email: _____

* OWNER INCLUDES ANY PARTNERSHIPS/CORPORATIONS/ASSOCIATED OFFICERS

Property Address: _____ **Medford Lakes, NJ 08055** Block: _____ Lot(s): _____

Name of Managing Agent: _____ No Managing Agent

Address of Managing Agent: _____ Street _____ City _____ State _____ Zip Code _____ Phone #: _____

Name of Maintenance Service: _____ No Maintenance Service

Address of Maintenance Service: _____ Street _____ City _____ State _____ Zip Code _____ Phone #: _____

Name of Mortgage Holder: _____ No Mortgage Holder

Address of Managing Agent: _____ Street _____ City _____ State _____ Zip Code _____ Phone #: _____

Type of Heat: ELECTRIC GAS OIL (Oil Company: _____) Phone#: (_____)

Company Address: _____ Street _____ City _____ State _____ Zip Code _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

Mailing Address: _____ Street _____ City _____ State _____ Zip Code _____ Email: _____

SIGNATURES:

PROPERTY OWNER NAME

SIGNATURE

DATE

FIRE OFFICIAL

SIGNATURE

DATE

[ANY CHANGES TO THIS CERTIFICATE MUST BE FILED WITH THE BOROUGH OFFICE WITHIN TWENTY DAYS OF CHANGE]