



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: _____ Phone #: _____
Street City State Zip Code

Name of Maintenance Service: _____ ☐ No Maintenance Service

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

Name of Mortgage Holder: _____ ☐ No Mortgage Holder

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

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

Company Address: _____
Street City State Zip Code

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

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

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]