## TOWNSHIP OF MONTCLAIR

LANDLORD REGISTRATION
Pursuant to Township Code Rent Regulation § 257-14
Registration Requirement

## Property Information

Block: $\qquad$ Lot: $\qquad$
Address: $\qquad$

## Property Owner Information

Property Owner Name: $\qquad$
Managing Member Name: $\qquad$
Mailing Address: $\qquad$
City: $\qquad$ State: $\qquad$ Zip Code: $\qquad$
Daytime Telephone Number: $\qquad$
After-Hours Emergency Telephone Number: $\qquad$
Email Address: $\qquad$

## On-site Agent/Superintendent Information (if applicable)

Name: $\qquad$
Mailing Address: $\qquad$
City: $\qquad$ State: $\qquad$
$\qquad$
Daytime Telephone Number: $\qquad$
After-Hours Emergency Telephone Number: $\qquad$
Email Address:

This form must be submitted with a Filing Fee of \$10 per dwelling unit.
PLEASE PRINT YOUR COMPLETED FORM AND SUBMIT WITH A CHECK MADE PAYABLE
TO THE "TOWNSHIP OF MONTCLAIR". Send completed forms along with the accompanying fee to the Montclair Rent Control Office at 205 Claremont Avenue, Montclair, NJ 07042.

Please inform the Rent Control Office if any of the individuals listed on this form is entitled to the protections afforded under "Daniel's Law" (P.L. 2020, C.125)

