



Office of the Township Clerk | Township of Montclair
205 Claremont Avenue | Montclair, New Jersey 07042
Telephone: 973-509-4900 | Fax: 973-509-0874
Email: registrations@montclairnjusa.org

**LANDLORD IDENTITY REGISTRATION FORM
FOR SINGLE UNIT DWELLINGS AND TWO UNIT DWELLINGS
THAT ARE NOT OWNER-OCCUPIED**

Pursuant to N.J.S.A. 46:8-28, every landlord of a dwelling, except owner-occupied premises with not more than two (2) rental units, must file with the clerk of the municipality in which the residential property is situated, or with the Bureau of Housing Inspection in the Department of Community Affairs, a certificate of registration.

Landlords of single unit dwellings and two-unit dwellings that are not owner-occupied located in the Township of Montclair shall complete the attached Landlord Identity Registration Form and file same with the Office of the Township Clerk. Landlords shall then distribute the filed Form to their tenant(s). The Landlord should have the tenant sign and date a copy “received”, when the tenant moves in, and the record should be made a permanent part of the tenant's file.

Landlords should contact the Montclair Fire Department, Fire Prevention Bureau at 973-509-4769 to obtain an application for dwelling smoke detector, carbon monoxide & fire extinguisher certification.

If your building **contains three (3) or more apartments**, the landlord must register with:

**New Jersey Department of Community Affairs
Bureau of Housing Inspection
PO Box 810
Trenton, New Jersey 08625-0810
609-633-6216**



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SECTION 1. PROPERTY INFORMATION

Street Address: _____ Block: _____ Lot: _____

Number of **Non-Owner Occupied** Units: [] One Unit or [] Two Units

SECTION 2. OWNER INFORMATION

The name, address, and e-mail of the record owners. If such owners are a partnership, the name of all general partners. If such owners are a corporation, the name and address of the registered agent and corporate officers:

Full Name of Owner(s): _____

Phone Number: _____ E-Mail: _____

Additional Owner Information Attached? [] No [] Yes

Is the address of any record owner not located in Essex County? [] No (*skip to Sec. 3*) [] Yes

If yes, please provide the **name and address of a person who resides in the County** and is authorized to accept notices from a tenant and to issue receipt therefore and to accept service of process on behalf of the record owner: _____

SECTION 3. RECORDED MORTGAGE INFORMATION

The name and address of every holder of a recorded mortgage on the premises: [] None (*skip to Section 4*)
[] Yes *If yes, please provide:*

Name/Address: _____

Name/Address: _____

SECTION 4. MANAGING AGENT OF THE PREMISES

[] None (*skip to Section 5*) [] Yes *If yes, please provide:*

Name/Address/Phone: _____

SECTION 5. PROPERTY MAINTENANCE INFORMATION

The name and addresses, including the dwelling unit, apartment or room number of the superintendent, janitor, custodian, or other individual employed by the record owner to provide regular maintenance service:

[] None (*skip to Section 6*) [] Yes *If yes, please provide:*

Name/Address/Phone: _____

SECTION 6. FUEL OIL DEALER INFORMATION

If fuel oil is used to heat the building and the landlord furnishes the heat in the building, please provide the name and address of the fuel oil dealer servicing the building, and the grade of fuel oil used.

Name/Address: _____

Phone Number: _____ Fuel Oil Grade: _____

[] Unit is not heated by fuel oil or [] Unit is heated by fuel oil, but Landlord does not furnish heat.

SECTION 7. EMERGENCY CONTACT

The name, address 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:

Name/Address/Phone: _____

SECTION 8. SIGNATURE OF LANDLORD OR AUTHORIZED REPRESENTATIVE

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: _____ Date: _____

Full Name: _____