



Borough of Merchantville
1 W Maple Avenue
Merchantville, NJ 08109

RE:

Dear Property Owner:

Our records indicate that you are the owner(s) of a property in the Borough of Merchantville. According to **ORDINANCE of the BOROUGH OF MERCHANTVILLE, ARTICLE I, CHAPTER 66**, every rental property owner shall register said property with the Borough of Merchantville for a period of one (1) year or with each change in occupancy, whichever shall occur first.

Our records indicate the above referenced property has one (1) or more non-owner occupied rental unit(s). You must complete the following for **each non-owner** occupied unit, and return with the appropriate fee within thirty (30) days:

Landlord Identity Statement

\$50.00 fee per rental unit

This form may be duplicated as needed. **If our information is incorrect, please notify us in writing so we can update our records.**

Sincerely,

William D. Watson
Zoning/Code Enforcement Official

WDW:cla

Attachment



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LANDLORD IDENTITY STATEMENT

DUE DATE:

BUILDING ADDRESS:

BLOCK#

LOT#

OF DWELLING UNITS_____

A \$50.00 REGISTRATION FEE MUST BE PAID FOR EACH RENTAL UNIT

Please type or print all information: (For additional information, attach separate sheet)

1. Name and Addresses of all record owners of the building or of the rental business including all general partners in case of a partnership) are as follows (name, address, and phone number):

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

2. If the record owner is a corporation, the names and addresses of the registered agent and of the corporate officers are as follows (name, address, and phone number):

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone#: _____

() Record owner is not a corporation

3. If the address of any record owner is not located in the County in which the dwelling is located, the name of a person who resides in the 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 of owner(s) are as follows (name, address, and phone number):

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

() Does not apply



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4. The managing agent is as follows (names, address and phone number):

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

() There is no managing agent

5. A superintendent, janitor, custodian or other person employed to provide regular maintenance services are as follows:
(name, address, including apartment number, dwelling unit, etc. and phone number):

Name: _____ Name: _____

Address: _____ Apt# _____ Unit: _____ Address _____ Apt# _____ Unit: _____

Phone #: _____ Phone#: _____

() There is no person employed to provide regular maintenance

6. The individual representative of the record owner or managing agent who may be reached at any time in the event of any emergency affecting the dwelling or any dwelling unit, including such emergencies as the failure of any essential service of system and who has the authority to make decisions concerning the building, including the making of repairs and expenditures, are as follows (name, address and phone number):

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

7. The name and address of holders of recorded mortgages on the property are as follows:

Name: _____ Address: _____

() There is no recorded mortgage on the property

8. If fuel oil is used to heat the building and the owner furnishes the heat, the name and address of the fuel oil dealer servicing the building and the grade of oil used are as follows (name, address and phone number):

Name: _____ Address: _____

Phone #: _____ Grade of Fuel Oil: _____

9. The owner of the property is a senior citizen and qualifies under NJSA 54:4-8.41 () Yes () No



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TENANT DWELLING REGISTRATION FORM

A separate form must be completed and a \$50.00 fee paid for each rental unit.
(PLEASE REPRODUCE ONE OF THESE PAGES FOR EACH RENTAL UNIT AND ATTACH)

ADDRESS: _____ **UNIT: #** _____

10. A floor plan must be submitted. The floor plan should indicate all rooms, doors, kitchens, sleeping areas, etc. and must have measurements of habitable spaces. **(Please submit plans that comply with the above referenced requirements).**
() Floor plan attached

11. Name, phone and unit numbers of all tenants, including children:

Name: _____ Name: _____
Phone #: _____ Phone #: _____
Children: _____ Children: _____
Children: _____ Children: _____
Children: _____ Children: _____

I verify that all information contained herein, is true, correct and complete.

Drivers License Number for the registered owner: _____ State _____

Signature Printed Name Title Date

Make checks payable to the Borough of Merchantville. If the forms are not received by the due date, a \$20.00 late fee will be assessed. If you have any questions concerning this form, please call the Office of Rental Registration at 856-662-2474 x 321.

Do not write below this line

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Check Number: _____ Amount: _____ Date Received: _____

Tax Record Number Checked: () Yes Initials: _____