



TOWN OF NEWTON, 39 Trinity Street, Newton, New Jersey, 07860

LANDLORD CERTIFICATE OF REGISTRATION

Please Print or Type

Address of Premises: _____

Residential Rental Unit(s) Business

Name of Business: _____

Number of Dwelling Units: _____

Name & address of Record Owner or Corporate Officer(s): _____

Name & address of Registered Agent (if Owner is a Corporation): _____

Name & address of **Managing Agent or Rental Agent**, if any: _____

Name & address (including apartment number) of **superintendent, janitor, custodian**, or other individual employed to provide regular maintenance service, if any: _____

Name, address, and telephone number of **all** authorized individual to call upon in emergencies: _____

Does Landlord furnish the heat in the building? _____ Yes _____ No

For Office Use Only:

Proof of Insurance Submitted Yes No

Lead-Based Paint Certification Yes No Expiration: _____

Payment Received: Amount _____ Check # _____ Cash