



**TOWNSHIP OF TEANECK
Landlord Registration Form**

Dear Owner/Operator

Address of Rented Premise: _____

In accordance with N.J.S.A. 46:8-27 et. Seq., please provide the Health Department with the following information:

A. The name, address, and phone #'s of the record owner(s); and the record owner(s) of the rental business, if not the same persons. In the case of a partnership, list the name(s) of all the general partners:

Telephone #: (Day) _____ Telephone #: (Evening) _____

B. If the record owner is a corporation, the name, address, and phone #'s of the registered agent/corporate officer are:

Telephone #: (Day) _____ Telephone #: (Evening) _____

C. A Bergen County agent is required for those property owner's who do not reside in the County. List the name(s), address, and phone #'s for the Bergen County agent, who is authorized to accept notices on behalf of the owner:

Telephone #: (Day) _____ Telephone #: (Evening) _____

D. The name, address, and phone #'s of the managing agent, if any:

Telephone #: (Day) _____ Telephone #: (Evening) _____

E. The name, address, and phone #'s of the superintendent, or persons employed for regular maintenance of the premises:

Telephone #: (Day) _____ Telephone #: (Evening) _____

F. No. Units on the premises: _____

G. Type of Heating used: _____

H. If oil heat is used and provided by owner, please list the name, address, and phone # for the oil company provider:

Address: _____ Telephone #: _____

I. The name, address, and phone #'s of those individuals who have the authority to make decisions concerning repairs or expenditures, in case of emergency: (if other than owner)

Date Received: _____