# LANDLORD INFORMATION STATEMENT

**(Public Law 1974, Chapter 50)**

DATE ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR PREMISES LOCATED AT: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOORESTOWN, NEW JERSEY ­ ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Name and Address of Owner(s) of Record:
2. Record owner(s) of rental business (if any):
3. If Record Owner(s) is a corporation, name corporate officers:
	* Record Owner is not a corporation.
4. If the address of Record Owner is not located in the County in which the premises are located (Burlington County), the name and address of a person who resides in, or has an office in, the county in which the premises are located and is authorized to accept notices from a tenant and to issue receipts therefor and to accept service of process on behalf of the Record Owner:
	* The address of record owner in the county in which dwelling is located:
5. Name and address of managing agent of the premises, if any:
	* There is no managing agent.
6. Superintendent, janitor, custodian, or other individual employed to provide regular maintenance service, if any:
	* There is no superintendent, janitor, custodian, or other individual employed to provide regular

maintenance service.

1. 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 affecting the premises or any unit of dwelling space herein, including such emergencies as the failure of any essential service or system, and who has the authority to make emergency decisions concerning the building and any repair thereto or expenditure in connection therewith:
2. Name and address of every holder of a recorded mortgage on the premises:

Registrant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICIAL USE ONLY:

 Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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