TOWNSHIP OF MONTCLAIR LANDLORD REGISTRATION

Pursuant to Township Ordinance No. O-22-05 Township Code Rent Regulation § 257-14 Registration Requirement

Property Information			
Block: Lot: _			
Address:			
Property Owner Information			
Property Owner Name:			
Managing Member Name:			
Mailing Address:			_
City:	State:	Zip Code:	
Daytime Telephone Number:			
After-Hours Emergency Telephone Nu	mber:		
Email Address:			
On-site Agent/Superintendent Inform	nation (if applicable	2)	
Name:			
Mailing Address:			
City:	State:	Zip Code:	
Daytime Telephone Number:			
After-Hours Emergency Telephone Nu			
Fmail Address:			

This form must be submitted with a Filing Fee of \$10 per dwelling unit.

PLEASE PRINT YOUR COMPLETED FORM AND SUBMIT WITH A CHECK MADE PAYABLE TO THE "TOWNSHIP OF MONTCLAIR". Send completed forms along with the accompanying fee to the Montclair Rent Control Office at 205 Claremont Avenue, Montclair, NJ 07042.

Please inform the Rent Control Office if any of the individuals listed on this form is entitled to the protections afforded under "Daniel's Law" (P.L. 2020, C.125)

TOWNSHIP OF MONTCLAIR RENT CONTROL OFFICE

LANDLORD REGISTRATION STATEMENT

Pursuant to Township Ordinance No. O-22-05 Township Code § 257-14 Landlord Registration Requirement

Please list or attach the following information for all occupied units and for vacant units. This form can be duplicated for additional unit

(Use sepa	rate shee	t for build	ings with differ	ent addresses.)			•		(Check onl	v if Land	lord provi	des	
								Check only if Landlord provides the services below.						
Apartment Number	Total Rooms	Total Bedrooms	Current Lease Start Date	Lease Expiration Date	Amount of Last Rent Increase	Current Monthly Rent	Parking Fee	Gas Heat	Oil Heat	Electric Heat	Water	Sewerage	Washer/ Dryer	Vacant
					o the ordinance. It									
SignatureLandlord (or Agent)				-			Date:							