



20 Landlord Registration

Owner Name: _____

Owner Address: _____ City: _____ St: _____ Zip: _____

Owner Telephone: _____ Business Phone: _____

Name of Rental Agent or Superintendent: _____

Address: _____ Phone: _____

Premises Address: _____

Total Number Rental Units: _____

Dimensions of Each Sleeping Room Unit: _____

I certify that the above information is true and that all rental units have active certificate of occupancy.

Owner

Date

This Form Must be Signed and Returned



Borough of Keansburg
 29 Church Street, Keansburg, NJ 07734

Unit # _____ Date Occupied: _____

of Bedrooms _____ Total Occupants: _____

Tenants Name(s):

First Name:	Last Name:

Children Name(s) and D.O.B:

First Name:	Last Name:	D.O.B.

Unit # _____ Date Occupied: _____

of Bedrooms _____ Total Occupants: _____

Tenants Name(s):

First Name:	Last Name:

Children Name(s) and D.O.B:

First Name:	Last Name:	D.O.B.

Copy and add sheets if necessary