Middlesex Borough 1200 Mountain Ave, Middlesex, NJ 08846 732-356-7400 ext. 247

Department of Code Enforcement, Zoning and Construction

This form is required annually to comply with Chapter 320 of the Borough Code

Annual Landlord Registration Form – Must Be Returned with FEE

Section 1 – ANNUAL REGISTRATION INFORMATION

Date:	Registration Year:
Address:	Complex Name (if applicable)
Date:Block / Lot:	_
	that will be RENTED ty that will be owner Occupied ty that will NOT be owner (both units will be rentals)
List Total number of UNITS -	@ \$150 per unit = Total Due -
OWNER INFORMATION	
Owner in Title:	
Address:	
	Email:
If the owner is other than an individual, the Register REGISTERED / MANAGING AGENT (if SAM)	red/Managing Agent who will accept all legal notices on the owners behalf E – Type SAME in fields)
Registered/Managing Agent:	
Address:	
Phone#	(At least one number must be 24 hour accessible)
Email:	
SUPER / CUSTODIAN / JANITOR INFORMAT	TION (if SAME – Type SAME in fields)
Super / Custodian / Janitor:	
Address:	
	(At least one number must be 24 hour accessible)
Email:	
EMERGENCY CONTACT IF OWNER CANNO	OT BE REACHED – This person must have authority to make decisions
regarding the premises and any expenditures necess	ary for emergency repair.
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Section 2 – UNIT INFORMATION

For each dwelling unit, complete the following: (Use additional copies if there are additional units)

Dwelling #1: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #2: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #3: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #4: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #5: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #6: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #7: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #8: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #9: Unit Num	ber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
Dwelling #10: Unit Nur	nber	Name(s) on Lease:
# of Bedrooms	# of Baths	# of Occupants
		ad this application, the information given is correct, that I am the owner or duly authorized to nereby agree to comply with the applicable requirements of Middlesex Borough.
Applicant Signature		 Date