

FREEHOLD BOROUGH RENTAL PROPERTY REGISTERED OPERATOR APPLICATION

RENTAL PROPERTY INFORMATION:

Block _____ Lot _____ Street Address: _____

Building No. if applicable _____ Unit: _____

RECORD OWNER INFORMATION: List all record owners. If LLC, partnership, or corporation, list all owners/members/partners/shareholders with at least 10% interest.

First & last name: _____
Email address: _____
Address: _____
Phone: _____ Cell Phone: _____

First & last name: _____
Email address: _____
Address: _____
Phone: _____ Cell Phone: _____

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Address: _____
Phone: _____ Cell Phone: _____

First & last name: _____
Email address: _____
Address: _____
Phone: _____ Cell Phone: _____

RENTAL PROPERTY OWNER: If LLC, partnership, or corporation, list all owners/members/partners/shareholders with at least 10% interest.

First & last name: _____
Email address: _____
Address: _____
Phone: _____ Cell phone: _____

Agent residing in Monmouth County authorized to accept service of process and notices on behalf of owner/operator, issue receipts for such service and notice, and who can serve as representative of the owner/operator who may be reached or contacted at any time in the event of an emergency, and who can make decisions concerning the property, including repairs:

First & last name: _____
Email address: _____
Address: _____
Phone: _____ Cell Phone: _____

The Owner/Operator hereby certifies that the rental property is current with all municipal taxes & utility charges, and that the exterior and interior of the rental property complies with all applicable Building Codes, including smoke, fire alarms & carbon monoxide detectors, and there are no current pending violations of the applicable Building Codes for the rental property.

Print Name.

FREEHOLD BOROUGH RENTAL PROPERTY REGISTRATION STATEMENT

RENTAL PROPERTY INFORMATION:

BLOCK NUMBER	LOT NUMBER	STREET NO.	STREET NAME

BUILDING NO. IF APPLICABLE	TOTAL NO. OF UNITS PER BLDG.

HEATING SOURCE: NATURAL GAS ELECTRIC PROPANE FUEL OIL

If fuel oil is used, please provide below the name and address of the fuel oil dealer servicing the unit and the grade of fuel oil used:

Fuel Oil Dealer	Grade of Oil

OWNER INFORMATION: Please list below the name and address of all record owners of the rental property, building, or of the rental business including all general partners in the case of a Partnership, and all members in the case of a Limited Liability Company, and all shareholders of a Corporation.

OWNERS FIRST NAME:		
OWNER'S LAST NAME:		
OWNERS: MAILING ADDRESS:		
STREET ADDRESS:		
CITY:		
STATE:		ZIP CODE:
WORK PHONE:	CELL PHONE:	HOME PHONE:

CORPORATION/PARTNERSHIP NAME (IF APPLICABLE):

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LIST ANY ADDITIONAL OWNERS & ADDRESSES (IF APPLICABLE):

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LIST BELOW THE NAME & ADDRESS OF ALL HOLDERS OF RECORDED MORTGAGES ON PROPERTY:

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Please provide below the name, address & telephone number of a person who resides in Monmouth County and is authorized to accept notices from a tenant or municipality, to issue receipts for those notes and to accept service of process on behalf of the record owner, and who can also serve as 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 with authority to make emergency decisions concerning the building or unit, including the making of repairs.

AUTHORIZED AGENT/EMERGENCY CONTACT NAME

AUTHORIZED AGENT/EMERGENCY CONTACT ADDRESS:

AUTHORIZED AGENT/EMERGENCY CONTACT PHONE (PROVIDE ALL NUMBERS WHEN HE CAN BE REACHED).

MANAGING AGENT INFORMATION: If applicable, please provide below the name, address and phone number of the managing agent, and if applicable, the name, address and phone number of the Superintendent, Janitor, Custodian or other persons employed to provide regular maintenance services:

MANAGING AGENT COMPANY NAME OR FIRST NAME:

LAST NAME:

MANAGING AGENT ADDRESS:

MANAGING AGENT WORK PHONE

MANAGING AGENT CELL PHONE

MANAGING AGENT FAX NO.

NAME OF SUPERINTENDENT/CUSTODIAN/JANITOR, ETC.:

ADDRESS OF SUPERINTENDENT/CUSTODIAN/JANITOR, ETC.:

PHONE NO. OF SUPOERINTENDENT/CUSTODIAN/JANITOR. PROVIDE ALL NUMBERS WHERE HE CAN BE REACHED:

FLOOR PLAN SECTION:

FOR EACH UNIT: Please provide below a floor plan of each unit which shall depict the number, dimensions, and location of each room in the unit. No space shall be used for sleeping purposes which has not been so designated as a sleeping area on the sketch provided by the owner and approved by the Construction Official/Local Enforcing Agency which shall be on file with the Construction Official/Local Enforcing Agency. Attach additional sheets if necessary.

TENANT INFORMATION SECTION:

FOR EACH RENTAL UNIT: You must provide the name, age, and gender of each and every tenant in each unit, including children. The information contained in the Rental Property Registration Statement must include ALL TENANTS IN EACH UNIT. Attach additional sheets if necessary:

BLOCK NO.	LOT NO.	STREET NO.	STREET NAME
APT/UNIT #	BLDG. #	NO.BEDROOMS	NO. OF TENANTS
LAST NAME:			
FIRST NAME:			

AGE:	GENDER:
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BLOCK NO.	LOT NO.	STREET NO.	STREET NAME
APT/UNIT #	BLDG. #	NO.BEDROOMS	NO. OF TENANTS
LAST NAME:			
FIRST NAME:			
AGE:	GENDER:		

BLOCK NO.	LOT NO.	STREET NO.	STREET NAME
APT/UNIT #	BLDG. #	NO.BEDROOMS	NO. OF TENANTS
LAST NAME:			
FIRST NAME:			
AGE:	GENDER:		

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APT/UNIT #	BLDG. #	NO. BEDROOMS	NO. OF TENANTS
LAST NAME:			
FIRST NAME:			
AGE:		GENDER:	

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APT/UNIT #	BLDG. #	NO. BEDROOMS	NO. OF TENANTS
LAST NAME:			
FIRST NAME:			
AGE:		GENDER:	

BLOCK NO.	LOT NO.	STREET NO.	STREET NAME
APT/UNIT #	BLDG. #	NO. BEDROOMS	NO. OF TENANTS
LAST NAME:			
FIRST NAME:			
AGE:		GENDER:	