



# Township of Bloomfield Rent Control

## REGISTRATION FORM

1 Municipal Plaza - Room 105  
Bloomfield, New Jersey 07003  
Phone: (973) 259-3091  
Fax: (973) 680-1652  
[rentcontrol@bloomfieldwpnj.com](mailto:rentcontrol@bloomfieldwpnj.com)

Property Address: \_\_\_\_\_

Number of Rental Units: \_\_\_\_\_

<u>Owners Name</u>	<u>Owners Mailing Address:</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Contact #</u>	<u>Email:</u>
<u>Owners Name</u>	<u>Owners Mailing Address:</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Contact #</u>	<u>Email:</u>
<u>Managing or Natural Members name</u> (If LLC, Corp, etc.)	<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Contact #</u>	<u>Email:</u>
<u>If using a P.O. Box for mailing address</u>	<u>Provide Physical Address here:</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Contact #</u>	<u>Email:</u>
<u>Essex County Representative</u> (State required for out of county owners)	<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Contact #</u>	<u>Email:</u>
<u>Agent for Property</u>	<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Contact #</u>	<u>Email:</u>
<u>Superintendent's Name</u>	<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Contact #</u>	<u>Email:</u>
<u>Oil Fuel Provider</u>	<u>Mailing Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Contact #</u>	<u>Email:</u>

**I certify under penalty of law that the information provided in this document is true and accurate. I am aware that there are significant penalties for submitting false or inaccurate information.**

\_\_\_\_\_  
Signature of Owner/Landlord or Authorized Representative

\_\_\_\_\_  
Date

