



Township of Bloomfield Rent Control

REGISTRATION FORM

1 Municipal Plaza - Room 105
Bloomfield, New Jersey 07003
Phone: (973) 680-4192
Fax: (973) 680-1652
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

