

Borough of Keyport
70 West Front Street
Keyport, NJ 07735
732-739-3900

2009 Landlord Registration Statement

Owner Name: _____

Owner Address: _____

Owner Telephone: _____ Business Phone: _____

Emergency Phone
Numbers: _____

Premise Name: _____

Premise Address: _____

Total Number Rental Units: _____

Nature of Business Performed at Location: _____

Name of Rental Agent or Superintendent: _____

Address: _____ Phone: _____

Gas: _____ Telephone: _____

Oil Company: _____ Telephone: _____

Location of every Fire Alarm Panel, Fire Extinguisher or other Fire Protection
Device on the premises: _____

*I certify that the above information is true and that all rental units
have active certificates of occupancy. I also certify that I will
obtain a new certificate of occupancy when I change tenants, or be
subject to a \$1250.00 fine and summons to appear in court.*

Owner

Date

THIS FORM MUST BE SIGNED AND RETURNED

Provide all information on Renter/Tenant Information on reverse side.
2008 Renter/Tenant Information Statement

Unit Number: _____ Date Occupied: _____
Number of Bedrooms: _____ Total Occupants: _____
Tenants Name(s): _____

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Make copies of this sheet, if needed.