

# TOWNSHIP OF BARNEGAT

COUNTY OF OCEAN

900 WEST BAY AVENUE  
BARNEGAT, NEW JERSEY 08005-1298  
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## TRUTH IN RENTING – LANDLORD TENANT STATEMENT STATEMENT REQUIRED BY P.L. 1974 – CHAPTER 50

\*\*\*\*\*PLEASE TYPE OR PRINT CLEARLY\*\*\*\*\*

***All questions A-G must be filled out completely and Property Owner must sign***

**A: RENTAL PROPERTY:**

TENANT NAME: \_\_\_\_\_

RENTAL PROPERTY ADDRESS: \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

**B: PROPERTY OWNER OF RECORD:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(No Post Office Boxes)

PHONE #: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

**C: PERSON AUTHORIZED TO ACCEPT SERVICE OF PROPERTY:  
(PERSON TO RECEIVE LEGAL NOTICES-)  
(MUST BE OCEAN COUNTY RESIDENT)**

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(No Post Office Boxes)

**D: WHAT TYPE OF HEATING IS USED FOR RENTAL PROPERTY**

ELECTRIC: \_\_\_\_\_ GAS: \_\_\_\_\_ OIL: \_\_\_\_\_

IF OIL-LIST OIL PROVIDER NAME: \_\_\_\_\_

(OVER)

**E: PERSON RESPONSIBLE FOR REGULAR MAINTENANCE:**

**NAME:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(No Post Office Boxes)

**F: MANAGING AGENT – IN CASE OF EMERGENCY:**

**NAME:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(No Post Office Boxes)

**G: MORTGAGE COMPANY NAME & ADDRESS: (If NO Mortgage, write None)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE OF OWNER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**I, MICHELE A RIVERS, MUNICIPAL CLERK OF THE TOWNSHIP OF BARNEGAT, COUNTY OF OCEAN, STATE OF NEW JERSEY, ACKNOWLEDGE RECEIPT OF THIS LANDLORD TENANT STATEMENT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.**

\_\_\_\_\_  
**MICHELE A. RIVERS, RMC  
MUNICIPAL CLERK**