

TOWNSHIP OF BARNEGAT

COUNTY OF OCEAN

Clerks Office
Construction Office
Property Owner



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 _____ (must be filled in)

B: PROPERTY OWNER OF RECORD:

PERSONAL NAME: _____

CORPORATION: _____

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)

(OVER)

D: WHAT TYPE OF HEATING IS USED FOR RENTAL PROPERTY

ELECTRIC: _____ **GAS:** _____ **OIL:** _____

IF OIL-LIST OIL PROVIDER NAME: _____

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, DONNA M. MANNO, MUNICIPAL CLERK OF THE TOWNSHIP OF BARNEGAT, COUNTY OF OCEAN, STATE OF NEW JERSEY, ACKNOWLEDGE RECEIPT OF THIS LANDLORD TENANT STATEMENT THIS _____ DAY OF _____, 202__.

**DONNA M. MANNO, RMC
MUNICIPAL CLERK**