



BARNEGAT TOWNSHIP

Clerk's Office ____
Construction Office ____
Property Owner ____
(Completed by Office Personnel)

900 WEST BAY AVENUE
BARNEGAT, NEW JERSEY 08005-1298
Email: clerk@barnegat.net

MUNICIPAL OFFICES: (609) 698-0080
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Visit Our Website: www.barnegat.net

TRUTH IN RENTING – LANDLORD REGISTRATION FORM

STATEMENT REQUIRED BY P.L. 1974 – CHAPTER 50

**ALL HOMES BUILT IN 1978 AND PRIOR MUST HAVE A LEAD CERTIFICATION
PER STATE STATUTE NJSA52:27D437.16**

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

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

A: RENTAL PROPERTY ADDRESS: _____

YEAR HOUSE WAS BUILT: _____ BLOCK _____ LOT _____ (Must be filled in)

ALL TENANT NAMES: _____

NUMBER OF ADULTS: _____ NUMBER OF CHILDREN: _____

B: PROPERTY OWNER OF RECORD:

PERSONAL NAME: _____

CORPORATION NAME: _____

ADDRESS: _____

(No Post Office Boxes)

PHONE #: DAY _____ EVENING _____

EMAIL: _____

C: WHAT TYPE OF HEATING IS USED FOR RENTAL PROPERTY

ELECTRIC: _____ GAS: _____ OIL: _____

IF OIL-LIST OIL PROVIDER NAME: _____

D: PERSON AUTHORIZED TO ACCEPT SERVICE OF PROPERTY:

PERSON TO RECEIVE LEGAL NOTICES- (MUST BE OCEAN COUNTY RESIDENT)

NAME: _____ **PHONE#** _____

ADDRESS: _____

(No Post Office Boxes)

EMAIL: _____

E: PERSON RESPONSIBLE FOR REGULAR MAINTENANCE:

NAME: _____ **PHONE#** _____

ADDRESS: _____

(No Post Office Boxes)

EMAIL: _____

F: MANAGING AGENT – IN CASE OF EMERGENCY:

NAME: _____ **PHONE#** _____

ADDRESS: _____

(No Post Office Boxes)

EMAIL: _____

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

NAME: _____

ADDRESS: _____

SIGNATURE OF PROPERTY 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**