## TOWNSHIP OF VERONA RENT CONTROL BOARD

## LANDLORD/TENANT REGISTRATION FORM - ANNUAL FORM

(Pursuant to § 402-23 of the Township Code)

Property Information	
Block: Lot:	Qualifier:
Address:	Verona, New Jersey 07470
Property Owner Information:	
Property Owner Name:	
Managing Member Name:	
Mailing Address:	
Physical Address:	
Daytime Telephone Number: ()	
After-Hours Emergency Telephone Number: ()	
Email Address:	
Management Agent:	
Name:	
Mailing Address:	
Physical Address:	
Daytime Telephone Number: ()	<u></u>
After-Hours Emergency Telephone Number: ()	
Email Address:	
On-site Agent/Superintendent Information:	
Name: Mailing Address:	
City: State:	
Daytime Telephone Number: ()	_
After-Hours Emergency Telephone Number: ()	
Email Address:	
Heating Fuel Type: Natural Gas Oil	Other:
Fuel Oil Provider Name:	
Account No:	
After-Hours Emergency Telephone Number: ( )	

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(Pursuant to § 402-23 of the Township Code)

Please list or attach the following information for all new tenants, tenants renewing their leases, and all vacant units. This form can be duplicated for additional units.

Building Address: (use separate sheet for buildings with different addresses)		rs with									Check <i>ONLY</i> if Landlord provides these utilities			rovides			
Unit #	Tenant Name	Total Rooms	Total Bedrooms	Sq. Ft of Unit	Total # of Occupants	Current Lease Start Date	Lease Expiration Date	Previous Monthly Rent	Current Monthly Rent	% Increase Previous v. Current	Heat	Gas	Electric	Water	Vacant	Date of Vacancy	Last Rent Charged