



**WEST DEPTFORD TOWNSHIP
LANDLORD REGISTRATION FORM**

**PLEASE NOTE: THE ENTIRE FORM MUST BE COMPLETE TO BE CONSIDERED
COMPLIANT WITH TOWNSHIP REGULATIONS.**

Address of Premises: _____

Owner: _____

Owner's Address: _____

Owner's Telephone: _____

Tenant Name and Telephone: _____

In case of emergency, please call: Name: _____

Phone: _____

Managing Agent: Name: _____

Address: _____

Phone: _____

Mortgage Holder: Name: _____

Address: _____

Fuel Oil Dealer: _____ **Grade of Fuel Oil:** _____

Address: _____

Signature of Owner: _____ **Date:** _____

Have you scheduled your Certificate of Occupancy re-inspection?

Yes _____ **No** _____

Signature of Municipal Clerk: _____ **Date:** _____

Enclosed is the Landlord Registration Form you requested. Please complete and forward to:

Lee Ann DeHart, Acting Municipal Clerk
West Deptford Municipal Building
400 Crown Point Road
West Deptford, NJ 08086

If you wish a signed and sealed copy returned to you as proof of your filing, please include a self-addressed, stamped envelope.

Thank you.