



Lori DiBella, RMC  
Borough Clerk

# BOROUGH OF HAWTHORNE

## Passaic County, New Jersey

445 LAFAYETTE AVENUE

HAWTHORNE, NJ 07506

Phone: 973-427-1167

[www.hawthornenj.org](http://www.hawthornenj.org)

~ State of New Jersey ~

### Department of Community Affairs

Landlord Registration Law N.J.S.A. 46:8-28

*This form may be emailed to the clerk at: [ldibella@hawthornenj.org](mailto:ldibella@hawthornenj.org)*

ADDRESS of Dwelling: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Check one:  Corporation  Individual  Business

Total Number of Dwelling Units: \_\_\_\_\_

A. Name of Owner(s) of Record: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

B. If Corporation, Name, Address, Telephone of Registered Agent: \_\_\_\_\_

Name of Corporate Officers \_\_\_\_\_

C. Name, Address, Telephone of Managing Agent, if applicable: \_\_\_\_\_

D. Individual to be called in the event of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

E. Name of Mortgage Holder(s): \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

F. Fuel Oil/Gas

Supplier Name: \_\_\_\_\_ Grade of Fuel Used: \_\_\_\_\_

Supplier Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*An amended registration form must be filed within 7 days after any change in the foregoing information.**

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For Office Use:  Date Stamped  Copy to Owner  Recorded