



**BOROUGH OF HAWTHORNE**

**Passaic County, New Jersey**

445 LAFAYETTE AVENUE

HAWTHORNE, NJ 07506

Phone: 973-427-1167 Fax: 973-427-2320

Susan Witkowski  
Borough Clerk

Elaine Sweeney  
Deputy Clerk

**State of New Jersey  
Department of Community Affairs  
Landlord Registration Law N.J.S.A. 46:8-28**

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 statement must be filed within 7 days after  
any change in the foregoing information.**