



**Township of River Vale**  
406 Rivervale Road • River Vale, NJ 07675  
201-664-2346 x1005 • Fax: 201-358-7754  
[kpadva@rivervalenj.org](mailto:kpadva@rivervalenj.org)

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**THE LANDLORD REGISTRATION REQUIREMENT APPLIES TO ALL RENTAL PREMISES OR UNITS USED FOR DWELLING PURPOSES EXCEPT OWNER OCCUPIED PREMISES WITH NOT MORE THAN TWO RENTAL UNITS (N.J.S.A. 46:8-26 et seq.)**

Address of Dwelling: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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

A. Name of Owner of Record: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

B. If owner is a corporation, name and address of agent: \_\_\_\_\_

\_\_\_\_\_

C. If owner does not reside or have offices in this County, give name of authorized agent who does have residence or office in Bergen County: \_\_\_\_\_

\_\_\_\_\_

D. Name and address of Managing Agent, if any: \_\_\_\_\_

\_\_\_\_\_

E. Name and Address of Superintendent, Janitor, Custodian, or other individual employed by owner of record or Managing Agent:

\_\_\_\_\_

Telephone: \_\_\_\_\_

F. Name, address and phone number of individual to be called in the event of an emergency:

\_\_\_\_\_

Telephone: \_\_\_\_\_

G. Name and Address of any and all holders of mortgages on property:

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

City, State, Zip

H. Fuel Oil/Gas

Supplier: \_\_\_\_\_

Grade of Fuel Used: \_\_\_\_\_

Statement Prepared by: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE SUBMIT COMPLETED FORM TO THE MUNICIPAL CLERK'S OFFICE**

**FOR OFFICE USE ONLY**

Building Dept

\_\_\_\_\_  
Township Clerk

\_\_\_\_\_  
Date Received