

RENT LEVELING BOARD  
TOWNSHIP OF BELLEVILLE  
152 Washington Avenue  
Belleville, NJ 07109  
Tel: (973) 450-3323  
Fax: (973) 759-8022

**ATTENTION: MULTI-DWELLING PROPERTY OWNERS!!**  
**This form must be filed every year by no later than October 1<sup>st</sup>.**  
**Failure to do so will result in a fine up to \$750.00 with the Municipal Court,**  
**Township of Belleville, Ordinance # 12-12.24**

2009 REGISTRATION STATEMENT  
FOR FOUR (4) OR MORE UNITS

PREMISES LOCATED AT \_\_\_\_\_,  
BELLEVILLE, N.J.

COMMONLY KNOWN AS: \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ASSESSED VALUE \$ \_\_\_\_\_

\*\*\*\*Number of Apartments subject to rent control: \_\_\_\_\_ x \$10.00 per unit = \_\_\_\_\_  
(Including Owner-Occupied)

Name, Address and Phone Number of Recorded Owner or Owners:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If a Corporation, please list the Name, Address & phone number of Corporation:

\_\_\_\_\_  
\_\_\_\_\_

Name, Address and Phone Number of the Registered Agent and Corporate Officers:

Agent: \_\_\_\_\_

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

Tel # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Officer: \_\_\_\_\_

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

Tel: # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

**Name, Address and Phone Number of Managing Agent (if any):**

\_\_\_\_\_  
Tel: #(     ) \_\_\_\_\_ Cell: #(     ) \_\_\_\_\_

**Name, Address, Phone No., Apartment or Room Number of Superintendent:**

\_\_\_\_\_  
Tel#(     ) \_\_\_\_\_ Cell#(     ) \_\_\_\_\_

**Name, Address, Phone No., Apartment or Room Number of any other individual employed by Owner or Manager:**

\_\_\_\_\_  
Tel: #(     ) \_\_\_\_\_ Cell#(     ) \_\_\_\_\_

NAME, ADDRESS and PHONE NO. of any INDIVIDUAL Representative of the Record Owner or Managing Agent who may be reached or contacted at any time in the event of an emergency affecting the premises or any unit of dwelling space therein, including such emergencies as the failure of any essential service or system and who has the authority to make emergency decisions concerning the building and any repair there or expenditures in connection therewith.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**PLEASE LIST ON ATTACHED PAGES THE MONTHLY RENT OF EACH UNIT OF DWELLING SPACE AS OF May 1, 2005 UNTIL DATE OF REGISTRATION AND ALL SERVICES WHICH ARE INCLUDED IN THE RENT.**

**Note: Any change in the Registration Form must be filed with the Board Clerk within seven (7) days.**

**Note: No application for Rent Increases will be heard unless this form is properly filed with the Board Clerk and is accurate to the date of the hearing.**

**I DO SOLEMNLY DECLARE AND CERTIFY UNDER PENALTY OF THE LAW THAT THE WITHIN STATEMENT IS CORRECT IN ALL ITS PARTICULARS TO THE BEST OF MY KNOWLEDGE.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**\*\*\*\*\*Be sure to enclose a check or money order made payable to the Belleville Rent Leveling Board (Please do not send cash) for a total charge equal to \$10.00 per unit in each building being registered including owner-occupied apartment.**

**PAID \$** \_\_\_\_\_ **CK#** \_\_\_\_\_ **DATE:** \_\_\_\_\_

