



**CITY OF PASSAIC, NEW JERSEY**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**

CITY HALL  
 330 PASSAIC STREET  
 PASSAIC, N.J. 07055

**LANDLORD-TENANT REGISTRATION FORM**  
 (Pursuant to Ordinance No. 162-72)  
 Chapter 185, Passaic City Code

PHONE  
 (973) 365- 5613  
 FAX  
 (973) 365-5552

PROPERTY ADDRESS: \_\_\_\_\_ APT. \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ FLOOR: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP CODE: \_\_\_\_\_

SIZE OF ROOMS

BEDROOM 1: \_\_\_\_\_ BEDROOM 2: \_\_\_\_\_ BEDROOM 3: \_\_\_\_\_ BEDROOM 4: \_\_\_\_\_

LIVING ROOM: \_\_\_\_\_ DINING ROOM: \_\_\_\_\_ KITCHEN: \_\_\_\_\_ BATHROOM: \_\_\_\_\_

NAME AND AGES OF TENANTS - PHONE# \_\_\_\_\_

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

**ANY VIOLATION OF THIS ORDINANCE BY REFUSAL OR FAILURE TO FILE THIS CERTIFICATE, OR TO SIGN THE SAME OR TO PROVIDE FALSE INFORMATION SHALL BE PUNISHALBE BY A FINE OR NOT MORE THAN \$1,000.00 OR JAIL TERM OF 90 DAYS, OR BOTH.**

\_\_\_\_\_  
 TENANT'S SIGNATURE RESPONSIBLE FOR APT.

\_\_\_\_\_  
 OWNER OR AGENT'S SIGNATURE

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**CERTIFICATION**

I hereby CERTIFY that the above dwelling was inspected on \_\_\_\_\_ and as approved the applicant is granted permission to occupy the premise in conformity with the Property Maintenance Code of the City of Passaic.

\_\_\_\_\_  
 INSPECTOR'S SIGNATURE

FEE \$ \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH ( ) DATE \_\_\_\_\_