

Mayor
Christine Carey

Deputy Mayor
Joseph Hathaway

Council Members
Helene Elbaum
Mark H. Forstenhauser
Lou Nisivoccia
Marie Potter
Joanne Veech



Township Manager
Gregory V. Poff II

Township Clerk
Donna Luciani

Phone (973) 989-7100
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502 Millbrook Avenue
Randolph, NJ 07869
www.randolphnj.org

Occupancy Registration Form Randolph Township Health Department

**Please Note: Execution of this Statement does not grant authority to occupy premises. The premises must be inspected for a CERTIFICATE OF HABITABILITY prior to occupancy (see Randolph Ord 26-53).

NAME OF PREMISES: _____

NAME OF OWNER: _____

ADDRESS: _____

ADDRESS: _____

BLOCK: _____

LOT: _____

PHONE: _____

CELLPHONE: _____

EMAIL: _____

Check all that apply: City Water Well Septic System City Sewer

If served by Well, is the premises in compliance with the Private Well Testing Act (NJSA 58:12A-26 et seq)? Yes No

MANAGER OR SUPERINTENDENT: _____ # of Units ea. Bldg.: _____

ADDRESS: _____ # of Bedrooms in ea. Unit: _____

PHONE: _____

EMAIL: _____ CELL PHONE: _____

The tenant name is the name that is on the lease or otherwise having legal authority to reside in the premises.

TENANT NAME

DWELLING # or LETTER

TERM ENDS

I/WE HEREBY CERTIFY to the Township of Randolph that the undersigned has completed this registration form and all representations stated herein are true and accurate and to the best of my knowledge based on my information and belief.

Witness (Print)

Property Owner (Print)

DATE: _____

PHONE: _____

IN WITNESS WHEREOF, the above referenced property owner has caused this registration statement to be executed before me, a NOTARY PUBLIC of the State of New Jersey, this _____ day of _____, 20_____.

NOTARY PUBLIC, STATE OF NEW JERSEY

RETURN TO:

RANDOLPH TOWNSHIP HEALTH DEPARTMENT
502 MILLBROOK AVENUE
RANDOLPH, NEW JERSEY 07869