



Princeton
Department of Emergency & Safety Services
Bureau of Housing Inspection
 1 Monument Drive
 Princeton, NJ 08540
 Phone: 609-454-4756; Fax: 609-945-6080
 www.princetonnj.gov

Agent Designation/Certification

Rental Property Address: _____ Block: _____ Lot: _____

Part I – To be completed by the owner of record

Owner Name: _____

Address: _____

Phone Number: _____ Email: _____

I hereby certify that I am the owner, or a corporate officer in the case of a Corporation or Partnership, of the above referenced real property located in Princeton, NJ and which is utilized in whole or in part for residential rental purposes. I further certify that I have legally designated an agent who either resides or has offices in Princeton or within twenty miles of the center of Princeton, and in the State of New Jersey, and that such agent is authorized to accept service of process on my behalf.

 Signature of Owner/Corporate Officer

 Date

Part II – To be completed by the owner of record

Agent Name: _____

Company (if applicable): _____

Address: _____

Phone Number: _____ Email: _____

Part III – To be completed by the Agent

Acceptance of Designation as Agent

I certify that I have accepted the designation of agent for the owner of record of the above referenced residential rental property, and that I have agreed to act on their behalf as may be required by law.

 Signature of Agent

 Date

<u>For Office Use Only</u>				
<input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Online
Date Received:	Occupancy ID:	Property ID:		