



Township of Edison Multiple Dwelling Registration

Year

CERTIFICATION

I hereby certify that the information supplied in the attached forms is true and accurate to the best of my knowledge and belief. I am aware that should any information supplied by me be willfully false, I am subject to punishment as provided by law.

Signature

Date Submitted: _____



Township of Edison Multiple Dwelling Registration

Year

Property Name: _____

Address of Property: _____

Owner or Corporation Name: _____

Address: _____

Phone No.: _____

In the future, would you like to receive the form via email? Yes No

Email Address: _____

Website: _____

Agent and/or
Superintendents Name: _____

Address: _____

Emergency Phone No.: _____

Total No. of Bldgs. in Complex: _____

Total No. of Apartments: _____

Statistical Information	Eff.	1 Bed.	2 Bed.	3 Bed.
No. of Apts. (A)	_____	_____	_____	_____
Sq. Ft. Each Apts. (B)	_____	_____	_____	_____
Total Sq. Ft. (A x B)	_____	_____	_____	_____