Township of Edison

**MULTIPLE DWELLING REGISTRATION STATEMENT**

Name & Address of Multiple Dwelling

Filing Date:_____

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| Bldg. No. | Apt. No. | No. Rms. | No. Bed-Rooms | Square foot for Each Apartment | Previous Rent | Current Base Rent | Current R.E Tax Chg. | X if De-controlled | Date | Recent Lease Date | No Lease Last Increase | Capital Imp. Surchg. | Hardship Cost Allow. | Tax Appeal Allowance |
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