



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)	_____	_____	_____	_____



