

**MULTIPLE DWELLING REPORTING RULE**  
**New Property/Change of Owner and/or Agent Address Form**

**It is mandatory to complete this form if the property has been sold, or if the owner or owner's agent has a new mailing address, or if the property was converted into a condominium with less than 25 rental units. Please complete the owner/agent information below and return this form to the Division on Civil Rights, Multiple Dwelling Unit, P.O. Box 089, Trenton, New Jersey 08625-0089, or fax to (609) 777-0466 attn.: Lisa Haws.**

Complex Code: \_\_\_\_\_ County: \_\_\_\_\_

Block No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Complex Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Date of Sale/Change: \_\_\_\_\_ Completion Date of New Property: \_\_\_\_\_

If the property was converted into a condominium with less than 25 rental units, please provide the date of conversion: \_\_\_\_\_

Prior Owner/Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Agent/Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Owner/Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Agent/Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IF ANY OF THE INFORMATION CONTAINED HEREIN IS WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE/CERTIFICATION

\_\_\_\_\_  
TITLE OF PERSON FILING FORM

\_\_\_\_\_  
TELEPHONE NO.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
LS:12/2007