



West Orange Public Schools

179 Eagle Rock Avenue
West Orange, New Jersey 07052

Registration Office

(973) 669-5400 ext. 20505 Fax: (973) 324-1289

STATEMENT OF LANDLORD
TO BE COMPLETED BY OWNER/LANDLORD
(Please Print)

I/WE, _____ am/are the lawful owner or legal representative of the residential property located at _____ West Orange, New Jersey 07052.

Dwelling Type: Single Family _____ Two Family _____ Multi-Family _____

The residence or residential unit is currently under lease from and occupied by:
(Landlord must fill in all occupants names)

For a period of (dates):

_____ to _____

PLEASE SIGN AND HAVE THE FOLLOWING STATEMENT NOTARIZED:

The answers provided above are absolutely true and entitles the child/children of the above tenant to a tuition-free education in the Township of West Orange. I/we understand the above information is being relied upon by the West Orange Board of Education to determine a student's residency in West Orange. I/we fully understand that any false answers provided are subject, if proven false, to punitive action. (N.J.S.A. 2C:28-2 and West Orange Municipal Ordinance #2028-05).

Landlord Signature Landlord Name (Print)

Landlord Address City, State, Zip Telephone

NOTARY:

Sworn and subscribed before me on this _____ day of _____ 20 _____
day month Year

Signature of Notary Public of New Jersey My Commission Expires

(Place Seal Here)