



TOWNSHIP OF WEST ORANGE

66 MAIN STREET, WEST ORANGE, N.J. 07052

Rent Leveling Board

ROBERT D. PARISI
Mayor

Tel: (973) 325-4107
rentlevelingboard@westorange.org

REQUEST TO OBJECT TO RENT LEVELING BOARD APPLICATION

West Orange Rent Leveling Board Meeting Date: _____

Objector(s) Name: _____

Objector(s) Full Address: _____

Telephone Number: _____ Email: _____

1. If you are a Tenant:

Do you have a current lease?	Yes	No
Is your lease annual or monthly?	Annual	Monthly
Lease start date: _____	Lease end date: _____	
Current lease amount: \$ _____	Proposed rent increase: \$ _____	

2. Are you currently residing in the unit? Yes No

If not, when did you vacate? _____

Reason _____

3. Please briefly describe your objection to the application:

4. Will you be using a translator for your testimony?

Yes

No

If so, who will be translating on your behalf?

Name of Translator _____

Address of Translator _____

Relationship of Translator to you _____

Print Name

Signature

Date: _____

FOR OFFICIAL USE ONLY – DO NOT FILL IN BELOW

Reviewed by: _____

Date: _____

Title: _____

West Orange Rent Leveling Board Hearing date: _____

Note: This form is does not constitute your testimony before the West Orange Rent Leveling Board. It is merely a request to appear at the hearing. It will still be necessary for you to appear before the West Orange Rent Leveling Board to give your testimony on the record.