

REGISTRATION FORM FOR ABANDONED/VACANT PROPERTIES

(Please Print or Type)

Block: _____ Lot: _____

1. _____
Address of Subject Dwelling Ward

2. _____
Property Owner's Name

3. _____
Property Owner's Address City State Zip

Telephone # Email Address

4. _____
Name of Managing Agent Authorized to Act with Respect to the Vacant Property

NJ Addresses Only City State Zip

Telephone # Email Address

5. Property Description: Total Residential Units: _____ Total Commercial Units: _____
Total Industrial Units: _____

- A. Number of stories: _____
- B. Date property acquired: _____
- C. Does "owner" intend to restore property to productive use and occupancy in the next 12 months? Yes _____ No _____
- D. Is property currently:
 - a. Enclosed and secured from unauthorized entry: (Boarded up) Yes _____ No _____
 - b. Sign affixed to building indicating the name, address and telephone number of the owner and owner's authorized agent? (no smaller than 18"X24") Yes _____ No _____
 - c. Who will maintain the building and sign in a secure and closed condition until building is again occupied, demolished and/or rehabilitation is completed?

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER THE PENAL PROVISIONS OF THE VACANT PROPERTY ORDINANCE.

Owner's Signature Date