

Township of Commercial

REGISTRATION FORM FOR ABANDONED/VACANT RESIDENTIAL PROPERTIES (Please Print or Type)

BLOCK# _____ LOT# _____

1. _____
ADDRESS OF SUBJECT DWELLING _____ WARD _____

2. _____
PROPERTY OWNER'S NAME _____ TELEPHONE# _____

3. _____
PROPERTY OWNER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL _____

4. _____
NAME OF MANAGING AGENT AUTHORIZED TO ACT WITH RESPECT TO THE VACANT PROPERTY _____

NY ADDRESSES ONLY _____ CITY _____ STATE _____ ZIP CODE _____
TELEPHONE# _____
EMAIL _____

5. PROPERTY DESCRIPTION: TOTAL RESIDENTIAL UNITS: _____ COMMERCIAL UNITS: _____

A. Number of stories: _____

B. Date property was acquired: _____

C. Does "owner" intend to restore property to productive use and occupancy in the next 12 months: Yes: _____ No: _____

D. Is property currently:

1. Enclosed and secured from unauthorized entry: (Boarded-up) Yes _____ No _____

2. 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 _____

3. 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 WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER THE PENAL PROVISIONS OF THE RENT CONTROL ORDINANCE.

OWNER'S SIGNATURE _____

DATE _____