MANCHESTER TOWNSHIP

1 COLONIAL DRIVE •MANCHESTER, NJ 08759 •(732)657-8121
DEPARTMENT OF INSPECTIONS, LAND USE & PLANNING

GARY SYLVESTER, CPWM
DIRECTOR

KENNETH T. PALMER
MAYOR

VACANT/ABANDONED PROPERTY REGISTRATION FORM

(PLEASE COMPLETE ALL INFORMATION, PRINT OR TYPE)

BLOCK:_____ LOT:_____

PROPERTY ADDRESS:_____

NAME OF PROPERTY OWNER:_____
ADDRESS(NO PO BOXES):_____
TELEPHONE NUMBER & EMAIL_____

LENDER/LIEN HOLDER/MORTGAGE COMPANY/TRUSTEE:

NAME:_____
ADDRESS(NO PO BOXES):_____
TELEPHONE & FAX NUM.:_____
CONTACT NAME, TELEPHONE NUMBER (DIRECT LINE) & EMAIL:_____

PROPERTY MANAGEMENT COMPANY:

NAME:_____
ADDRESS(NO PO BOXES):_____
TELEPHONE & FAX NUM.:_____
CONTACT NAME, TELEPHONE NUMBER (DIRECT LINE) & EMAIL:_____

PROPERTY DESCRIPTION:

PROPERTY ACQUIREMENT DATE:_____
1. IS THE PROPERTY: VACANT____ ABANDONED____ SECURE____ OPEN & ACCESSIBLE____
2. DOES THE OWNER INTEND TO RESTORE THE PROPERTY TO PRODUCTIVE USE AND OCCUPANCY WITHIN THE NEXT 12 MONTHS? YES:____ NO____
3. IS THE PROPERTY CURRENTLY ENCLOSED AND/OR SECURED FROM UNAUTHORIZED ENTRY (E.G., WINDOWS/DOORS BOARDED)? YES:____ NO:_____
4. ARE THE UTILITIES ON OR OFF? ELECTRIC_____ WATER_____ GAS_____
5. IS A SIGN (MINIMUM 8" X 10") AFFIXED TO THE BUILDING SPECIFYING THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE OWNER, OWNER'S AUTHORIZED AGENT AND PERSON RESPONSIBLE FOR DAILY SUPERVISION AND MANAGEMENT OF THE BUILDING? YES:_____ NO:_____

AN EMERGENCY CONTACT PERSON, HAVING THE AUTHORITY TO ACT AND RESPOND TO THE NEEDS OF THE REGISTERED PROPERTY, MUST BE AVAILABLE ON A 24 HOUR PER DAY, 7 DAYS PER WEEK BASIS.
EMERGENCY CONTACT NAME & 24 HOUR TELEPHONE NUMBER:_____

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 SECTION OF MANCHESTER TOWNSHIP PROPERTY MAINTENANCE ORDINANCE.

_____ _____ _____
OWNER'S NAME (PRINT) OWNER'S SIGNATURE DATE

OFFICE USE ONLY: INITIAL $1,000.00____ FIRST $2000.00____ SECOND $3000.00 ____ SUBSEQUENT $5,000.00_____

DATE PAID:_____ CASH_____ CHECK_____ CHECK NUMBER_____ CREDIT CARD_____