**VACANT & ABANDONED PROPERTIES REGISTRATION FORM**

**PROPERTY ADDRESS:** ________________________________

- [ ] Residential  [ ] Commercial  [ ] Lot

**BLOCK:** _______  **LOT:** _______  **WARD:** _______  **DATE ACQUIRED:** ________________

**PROPERTY OWNER:** __________________________________________  **CONTACT NAME:** _________________________

**PROPERTY OWNER ADDRESS:** __________________________________________

**PROPERTY OWNER PHONE:** __________________________  **EMAIL:** __________________________

**LIST IN-STATE AGENTS or AUTHORIZED PARTIES to ACT WITH RESPECT to the VACANT PROPERTY:**

<table>
<thead>
<tr>
<th>IN-STATE AGENT/MANAGEMENT</th>
<th>Violations</th>
<th>Mortgagor or Tax Servicing Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>___________________</td>
<td>___________________</td>
</tr>
<tr>
<td>Address: ___________________</td>
<td>___________________</td>
<td>___________________</td>
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<tr>
<td>City, State &amp; Zip: ___________________</td>
<td>___________________</td>
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<td>Phone Number: ___________________</td>
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<td>Email: ___________________</td>
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</table>

**IS THERE A SIGN AFFIXED TO PROPERTY INDICATING THE NAME, ADDRESS & TELEPHONE NUMBER OF THE OWNER AND OWNER’S AUTHORIZED AGENT?**  
(No smaller than 18"x24")  
YES ( )  NO ( )

**WHO WILL MAINTAIN THE PROPERTY IN A SECURE AND CLOSED CONDITION UNTIL THE PROPERTY BECOMES OCCUPIED, DEMOLISHED AND/OR REHABILITATION IS COMPLETED?**

- ____________________________

**PROPERTY DESCRIPTION:**

- Number of Dwelling Units: Residential ___________________  Commercial ___________________

- Square Footage of Building (If commercial) ___________________  # of Garages: ___________________

- Number of Stories: ___________________

**PROPERTY STATUS, PLEASE CHECK ALL THAT APPLY:**

- [ ] In need of rehabilitation and/or has apparent structure deterioration. If so, what are the plans to correct the deficiency: ___________________

- [ ] Currently undergoing rehabilitation/construction, if so, anticipated date of completion: ___________________

- [ ] Property has been unoccupied 6 or more months

- [ ] Property has been unoccupied for less than 6 months

- [ ] Property is Boarded to Prevent Unauthorized Entry  [ ] Property is Not-Boarded

- [ ] Property is Secured with Locks to Prevent Unauthorized Entry  [ ] Property is Not Secured with Locks

- [ ] Property is Fenced to Prevent Unauthorized Entry  [ ] Property is Not Fenced

- [ ] Property Taxes are Current  [ ] Property Taxes are Delinquent

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.

______________________________  ________________________
Signature of Owner or Authorized Responsible Party  Date

______________________________  ________________________
State of ____________________, County of ____________________

Notary  Subscribed and sworn to (or affirmed) before me this _____ day of ______________, 20_____

Commission Expires: __________________________

**THE CITY OF EAST ORANGE**
**DEPARTMENT OF PROPERTY MAINTENANCE**
**44 CITY HALL PLAZA**
**EAST ORANGE, NEW JERSEY 07019**

TED R. GREEN  
MAYOR

**Telephone:** (973) 266-5320  **Fax:** (862) 930-3580

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**PLEASE PRINT OR TYPE - NO P.O. BOXES ACCEPTED**