TOWNSHIP OF FREDON
443 ROUTE 94 NEWTON NJ 07860

VACANT/ABANDONED PROPERTY REGISTRATION FORM
(Please Print or Type)

Block:__________________ Lot:______________

Property Address:______________________________________________________________________________________________________

PROPERTY OWNER:

Name:_________________________________________________________________________________________________________________

Address (No P.O. Boxes)________________________________________________________________________________________________

Telephone Number & Email:_______________________________________________________________________________________________

LENDER/LIEN HOLDER/MORTGAGE COMPANY/TRUSTEE:

Name:_________________________________________________________________________________________________________________

Address (No P.O. Boxes)________________________________________________________________________________________________

Telephone Number AND Fax Numbers_______________________________________________________________________________________

Contact Name, Telephone (Direct Line) & Email:_______________________________________________________________________________

PROPERTY MANAGEMENT COMPANY:

Name:________________________________________________________________________________________________________________

Address (No P.O. Boxes)________________________________________________________________________________________________

Telephone Number AND Fax Numbers_______________________________________________________________________________________

Contact Name, Telephone (Direct Line) & Email:_______________________________________________________________________________

PROPERTY DESCRIPTION:

Total Number of Residential Units:_________________________ Number of Stories:_________________________

Property Acquisition 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 15”x17”) 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 authority to act and respond to the needs of the registered property, must be available 24 hours per day and 7 days a week. Emergency Contact Name and 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 THE TOWNSHIP OF FREDON PROPERTY MAINTENANCE ORDINANCE CHAPTER 505.

__________________________  _________________________________  _________________
OWNER’S NAME (PRINTED)  OWNER’S SIGNATURE    DATE

----------------------------------------------------------------------------------------------------------------------------------------------------------------

OFFICE USE ONLY:   Initial Registration $250______
First Renewal $500_____ Subsequent Renewal Up To Five Years $1,000____ After Five Years   $5,000_______

Date Paid:_______________ Cash _______  Check _______  Check Number ___________