



CITY OF ELIZABETH

VACANT AND/OR FORECLOSING RESIDENTIAL PROPERTIES INITIAL REGISTRATION FORM

For Property Located at: _____

Block: _____ Lot: _____ Census Tract#: _____ Property Type: _____

(Ex: 1, 2, 3 or 4+ Family Home, Condo, etc.)

Individual Property Owner/Agent Name _____

Mailing Address: _____

(No P.O. Boxes) _____

Phone Number: _____

This property was inspected on ____/____/____ and ☐ IS or ☐ IS NOT currently vacant.

Proof of Utility Connection/Disconnection must be attached: ☐ Gas ☐ Electric ☐ Water

If vacant, the following individual or property management firm is responsible for security and maintenance (*as described in the City of Elizabeth's Ordinance*) of this property:

Individual/Company Name _____

Contact Person _____

Email Address: _____

Mailing Address _____

(No P.O. Boxes)

24 Hour Contact Phone Number _____

I, _____ certify that the above information is,

(Owner/Agent Name and Title)

to the best of my knowledge, true and correct. Should any information change from that originally submitted, I agree to promptly advise the City of Elizabeth, Elizabeth Home Improvement Program (EHIP). I understand that erroneous, misleading or false information, as well as, any willful misstatement of material fact, may be grounds for fines or liens placed on the property. *All subsequent re-registrations/renewals fees are due October 1st and will not be prorated or refunded.*

(Signature)

(Date)

Complete this form, attach necessary utility documentation, and mail it along with a check in the amount of \$500.00 made payable to: "City of Elizabeth"

Mailing Address: 50 Winfield Scott Plaza - Room 109 Elizabeth, NJ 07201

Revised 9-2013