



TOWNSHIP OF WEST MILFORD - CERTIFICATE OF REGISTRATION
VACANT & ABANDONED PROPERTIES

1480 UNION VALLEY ROAD, WEST MILFORD, NJ 07480
973-728-7000 MAIN #, 973-728-2704 FAX

DATE OF REGISTRATION: \_\_\_\_\_

Complete and return with signature, fees and all required attachments to the Township Clerk.

Certificate of Registration shall remain valid for one year from the date of issuance and renewal shall be required annually that reverts back to the initial registration date if the property remains vacant and abandoned.

Registered Property
Registered Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_
Is the property currently:
1) Enclosed and secured from unauthorized entry? [ ] Yes
2) Is there a sign affixed to building and visible to public, indicating the name, address and telephone number of the responsible party, any authorized agent designated by the responsible party for the purpose of receiving service of process, and the person responsible for the maintenance of the property if different from the property or authorized agent? [ ] Yes
3) Property must maintain liability insurance by a vacancy policy. [ ] Yes

Responsible Party\*
Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_
Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_
\*Person who resides or maintains an office within New Jersey and who is either the responsible party or an authorized agent designated by the responsible party to receive notices and complaints of property maintenance and code violations on behalf of the responsible party.

Authorized Agent (If Applicable)
Party to receive notices and complaints of property maintenance and code violations on behalf of the responsible party
Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_
(if different than above)
Mailing Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_
Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Manager\* (party responsible for maintaining property)
(If different from Responsible Party or the Authorized Agent)
Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_
(if different than above)
Mailing Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_
Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

PLEASE CHECK ONE: Please make payment payable to Township of West Milford
[ ] Initial Registration Fee: \$250.00 [ ] \$500.00 2nd year, \$750.00 3rd year, \$1,000 4th year adding an additional \$250.00 each subsequent year
[ ] Removal - Property is no longer Vacant [ ] Sold - Insert Closing Date \_\_\_\_\_

Required Attachments (PLEASE CHECK BOXES):
[ ] Fees, if applicable, pursuant to Township Chapter 285-12
[ ] Proof of Liability Insurance pursuant to Township Chapter 285-12
[ ] Copy of the notice detailing agent/contact # that is to be posted on the vacant and abandoned property pursuant to Chapter 285

Any change in the information contained on this form must be submitted to the Township Clerk within 30 days of the change. Failure to submit the changes is a violation and any person or entity may be subject to fines pursuant to Chapter 285 of the Township Code.

I certify that the foregoing statements made by me are true.

EMAIL \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_