



Township of Delaware
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08557
609-397-3240 x209

Vacant/Abandoned Property Registration Form

Property Information

Address _____ _____
Block _____ Lot _____
Is property? Vacant _____ Abandoned _____
Secure from unauthorized entry? Yes _____ No _____
Utilities On or Off? Electricity _____ Water _____ Gas _____

Owner / Responsible Party Information

Name _____
Mailing Address _____ _____
Phone # _____ Cell # _____
Email _____

Lender / Lien Holder Information

Name _____
Mailing Address _____ _____
Phone # _____ Cell # _____
Email _____

Property Manager Information

Name _____	
Mailing Address _____ _____	
Phone # _____	Cell # _____
Email _____	

Authorized Agent Information

Name _____	
Mailing Address _____ _____	
Phone # _____	Cell # _____
Email _____	

Best Contact In Case of Emergency

Name _____	
Mailing Address _____ _____	
Phone # _____	Cell # _____
Email _____	

I, _____, hereby affirm that I am dually authorized to act on behalf of all the ownership interest in the above described property. I certify that the foregoing statements are true and accurate to the best of my knowledge.

Owner/Authorized Agent Signature

Date