

**TOWNSHIP OF FRANKFORD**  
**151 US HWY 206, AUGUSTA NJ 07822**  
**CODE ENFORCEMENT OFFICE (973)948-6453**  
**FORECLOSURE / VACANT / ABANDONED PROPERTY REGISTRATION FORM**

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

Address (No P.O. Boxes):  
\_\_\_\_\_

Contact Info (Phone and e-mail) \_\_\_\_\_

**LENDER/LIEN HOLDER/MORTGAGE COMPANY/ TRUSTEE**

Name: \_\_\_\_\_

Address (No P.O. Boxes): \_\_\_\_\_

Telephone Number and Fax Number: \_\_\_\_\_

Contact Name, Telephone # & Email \_\_\_\_\_

**PROPERTY MANAGEMENT COMPANY:**

Name: \_\_\_\_\_

Address (No P.O. Boxes): \_\_\_\_\_

Telephone Number and Fax Number: \_\_\_\_\_

Contact Name, Telephone # & Email: \_\_\_\_\_

**PROPERTY DESCRIPTION:**

Total Number of Residential Units: \_\_\_\_\_ Commercial Units: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Property Acquisition Date: \_\_\_\_\_

1. Is the property (circle applicable choice): Vacant Abandoned: Secure: Open & Accessible:
2. Does the owner intend to restore the property to productive use and occupy in 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 Off Electric Water Gas
5. Is a sign (minimum 8"x10") 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 building? Yes No

An emergency contact person, having the authority to act and respond to the needs of the registered property must be available on a 24 hour per day, 7 day per week basis.

Emergency Contact Name & Telephone Number: \_\_\_\_\_

**Owner's Name Owner's Signature Date**

I hereby certify that the foregoing information and statements made by me are true. I am aware that if any of the foregoing information or statements made by me are willfully false, I am subject to punishment under the "violations and penalties" provision of the vacant property registration ordinance.

OWNER NAME (Printed): \_\_\_\_\_ OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**OFFICE USE ONLY:**

Initial: \$500.00     Annual Renewal: \$500.00     Annual Vacant and Abandoned: \$2,000.00

Date Paid: \_\_\_\_\_  Cash  Check - If Check, please indicate Check Number here: \_\_\_\_\_