PROPERTY REGISTRATION FORM

INSTRUCTIONS
- All properties/buildings under foreclosure and/or vacant or abandoned must register with the Township of Montclair in accordance with Chapter 249 (Property, Vacant and Abandoned) of the Montclair Code.
- Please complete this form for each property.
- **The registration and renewals shall be made in accordance with §249.** Please make checks payable to the **Township of Montclair.**

Fee Schedule
FORECLOSURE: $500.00 ANNUALLY
VACANT PROPERTY: $2000.00 ANNUALLY

SECTION 1: ADDRESS OF VACANT PROPERTY/BUILDING
Street Address: ____________________________________________________________
Block: ________ Lot: ________ Ward: ________

Is the above referenced property in foreclosure? □ YES □ NO
If yes, please provide the Foreclosure Docket Number: __________________________

SECTION 2: PURPOSE OF FORM (Check Appropriate Boxes)
- □ FORECLOSURE □ VACANT
- □ INITIAL □ RENEWAL □ STATUS CHANGE/DEREGISTRATION

If this is a Status Change or Deregistration, please provide the reason, and attach any relevant documentation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
SECTION 3: PROPERTY OWNER INFORMATION *(No P.O. Boxes are permitted)*

Property Owner’s Name: ________________________________
Address:____________________________________________________________________________________
City: __________________ State: _______ Zip Code: _______
Telephone No.: __________________ Fax No.: __________________
E-mail Address: _____________________________________________

SECTION 4: REGISTRANT INFORMATION *(No P.O. Boxes are permitted)*

Registrant Name: ________________________________
Address:____________________________________________________________________________________
City: __________________ State: _______ Zip Code: _______
Telephone No.: __________________ Fax No.: __________________
E-mail Address: _____________________________________________

*Is the Registrant a Creditor? □ YES □ NO*

*Does the Registrant have an Agent? □ YES □ NO (If NO, continue with Section 5)*

Agent of Registrant (Company): ________________________________
Agent of Registrant (Name of Individual): ________________________________
Address:____________________________________________________________________________________
City: __________________ State: _______ Zip Code: _______
Telephone No.: __________________ Fax No.: __________________
E-mail Address: _____________________________________________

SECTION 5: INDIVIDUAL AUTHORIZED FOR SERVICE *(No P.O. Boxes are permitted)*

*IN ACCORD WITH THE MONTCLAIR CODE THIS INDIVIDUAL IS A NATURAL PERSON 21 YEARS OF AGE OR OLDER, LOCATED IN THE STATE OF NEW JERSEY, DESIGNATED BY REGISTRANT TO ACCEPT SERVICE.*

Name: ________________________________
Address:____________________________________________________________________________________
City: __________________ State: _______ Zip Code: _______
Telephone No.: __________________ Fax No.: __________________
E-mail Address: _____________________________________________
SECTION 6: PROPER SIGNAGE
Is there a sign affixed to the property indicating the name, address & telephone number of the Owner and Owner’s Authorized Agent? (§249-5B)

□ YES     □ NO

SECTION 7: INSURANCE
Insurance as required by §249-5(E) is attached hereto.

□ YES     □ NO

SECTION 8: CERTIFICATION

I, __________________________, on behalf of __________________________ hereby request to register the above listed property as either a foreclosing property or vacant building and acknowledge that the information above is complete and accurate. In accordance with Montclair Code, I agree to notify any future owner of this foreclosure or vacant building registration. 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.

____________________________________  __________________________
Applicant’s Name (Printed)               Date

____________________________________
Applicant’s Signature

State of ____________________________
County of ____________________________

On this the ____ day of __________, ____ before me, _______________________, the undersigned personally appeared _______________________, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand.

____________________________________
Notary Public

My commission expires: