Burlington Township Vacant/Abandoned Property Registration Form

Date:			
Property Address:			
Block:	Lot:		
Date of Vacancy:			
	In State	Representat	tive
Contact Name:			
Contact Email:			
Mailing Address:			
	Owner	/Agent/Oth	er
Contact Name:	<u>o wner</u>	// tgent/ Oth	<u>o.</u>
Contact Phone:			· · · · · · · · · · · · · · · · · · ·
Contact Email:			
Mailing Address:			
_	tility Information: Have th	o following s	ervices been disconnected and/or
•	oriate? Indicate "D" if disco	•	·
	ectricGasV		
neattie	ctificv	vatei	_Sewei
Requirements: Pla	ace your initials next to th	ne following	items to indicate that you are in
=	iese vacant property requ	_	incents to marcate that you are in
•			d entry as provided in the applicable
provision of the Towr	,		a control of provided in the approach
•		e vacant prop	erty indicating the name, address, and
			rized agent and the individual responsible
for day-to-day superv	vision of the vacant property	y if such perso	on is so designated.
A check or mor	ney order, made payable to	Township of	Burlington in the required amount for this
registration statemen	nt is attached to this registra	ation stateme	nt. All Payments are to be submitted to
Department of Licens	•		
		e Schedule	4
	Initial Registrati		
	First Renewal		
	Any Subsequen	it Kenewai	\$750.00
Owner/Agent Certi	ification: Any owner(s)/age	ent who is no	t in full compliance with Chapter 443
Maintenance of Vaca	ant or Abandoned Property	of the Gener	al Code of Burlington Township shall be
subject to the genera	l penalty and violation prov	isions of this	Code. Every day that a violation continue
shall constitute a sepa	arate and distinct offense.		
I hereby certify that a	all the above information is	true to the be	est of my knowledge and belief. I am
			am subject to violations and penalties.
DATE:		Agent Signatı	