



CITY OF ELIZABETH
VACANT AND/OR FORECLOSING RESIDENTIAL PROPERTIES
INITIAL REGISTRATION FORM

For Property Located at: _____
 Block: _____ Lot: _____ Census Tract#: _____ Property Type: _____
 (Ex: 1, 2, 3 or 4+ Family Home, Condo, etc.)

Individual Property Owner/Agent Name _____

Mailing Address: _____
 (No P.O. Boxes) _____

Phone Number: _____

This property was inspected on ____/____/____ and Is Occupied Is Vacant.
 If Vacant: Proof of Utility Connection/Disconnection must be attached: Gas Electric Water

The following individual or property management firm is responsible for security and maintenance (as described in the City of Elizabeth's Ordinance) of this property:

Individual/Company Name _____

Contact Person _____ Email Address: _____

Mailing Address _____
 (No P.O. Boxes)

24 Hour Contact Phone Number _____

I, _____ certify
 (Typed: Owner/Agent Name, Title E-Mail Address)

that the above information is, to the best of my knowledge, true and correct. Should any information change from that originally submitted, I agree to promptly advise the City of Elizabeth, Elizabeth Home Improvement Program (EHIP). I understand that erroneous, misleading or false information, as well as, any willful misstatement of material fact, may be grounds for fines or liens placed on the property. All subsequent re-registrations/renewal fees are due October 1st and will not be prorated or refunded.

X _____ / ____ / ____
 (Signature) (Date)

Complete this form, attach necessary utility documentation, and mail it along with a check in the amount of \$500.00.

Make Check Payable To: "City of Elizabeth"
 Mailing Address: 50 Winfield Scott Plaza - Room 109
 Elizabeth, NJ 07201