



TOWNSHIP OF WEST MILFORD
VACANT, ABANDONED AND FORECLOSED RESIDENTIAL PROPERTIES
CERTIFICATE OF REGISTRATION FORM
 1480 UNION VALLEY ROAD, WEST MILFORD, NJ 07480
 973-728-7000 MAIN #, 973-728-2704 FAX

Date of Registration: _____

Directions: Complete one (1) registration form per property. Complete the requested information and return to the Township Clerk with fees, if applicable, and all required attachments.

The fee and registration shall remain valid for one year from the date of issuance and renewal shall be required annually that reverts back to the initial registration date if the property remains vacant and abandoned.

Registered Property Information	
Registered Property Address: _____	Block: _____ Lot: _____
Township of West Milford, NJ	
Is the property currently:	
1) Enclosed and secured from unauthorized entry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Foreclosure - Owner Occupied	
2) Sign affixed to building and visible to public, indicating the name, address and telephone number of the responsible party, any authorized agent designated by the responsible party for the purpose of receiving service of process, and the person responsible for the maintenance of the property if different from the property or authorized agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Supplied with the following utilities: Electricity <input type="checkbox"/> On <input type="checkbox"/> Off Water <input type="checkbox"/> On <input type="checkbox"/> Off Gas <input type="checkbox"/> On <input type="checkbox"/> Off	
Responsible Party	
Name: _____	Contact Person: _____ (if different than above)
Mailing Address: _____	
City _____ State _____ Zip _____	Phone #: _____
Fax #: _____	E-mail: _____
Authorized Agent (If Applicable)	
Name: _____	Contact Person: _____ (if different than above)
Mailing Address: _____	
City _____ State _____ Zip _____	Phone #: _____
Fax #: _____	E-mail: _____
Property Manager * (party responsible for maintaining property) (If different from Responsible Party or the Authorized Agent)	
Name: _____	Contact Person: _____ (if different than above)
Mailing Address: _____	
City _____ State _____ Zip _____	Phone #: _____
Fax #: _____	E-mail: _____
<i>*Person who resides or maintains an office within New Jersey and who is either the responsible party or an authorized agent designated by the responsible party to receive notices and complaints of property maintenance and code violations on behalf of the responsible party.</i>	
Please check one:	
<input type="checkbox"/> Initial Registration (Fee: \$250 1 st year) <u>Please make payment payable to Township of West Milford</u> (\$500 2 nd year, \$750 3 rd year, \$1000 4 th year, adding an additional \$250.00 each subsequent year)	
<input type="checkbox"/> Amendment to Registration (Fee: \$0)	
<input type="checkbox"/> Removal – Property is no longer Vacant & Abandoned (Fee: \$0) <input type="checkbox"/> Sold – Insert Closing Date _____	
Required Attachments (Please check all that apply)	
<input type="checkbox"/> Fees, if applicable, pursuant to Section 285-12-4	
<input type="checkbox"/> Proof of Liability Insurance pursuant to Section 285-12-5	
<input type="checkbox"/> Copy of the notice detailing agent/contact# that is to be posted on the vacant and abandoned property pursuant to Section 285-12-5	
Any change in the information contained on this form must be submitted to the West Milford Township Clerk within 30 days of the change. Failure to submit the changes is a violation and the Responsible Party may be subject to fines pursuant to Section 285-12-11 of the Township Code.	

I certify that the foregoing statements made by me are true.

_____ Responsible Party Signature	_____ EMAIL _____ Print Name Date
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For Municipal Office Use Only:

Renewal: In-Compliance

Removal:

Change of Information

Date _____	Enforcement Official _____	Date _____	Enforcement Official _____	Date _____	Township Clerk _____
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