



**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 shall be renewed on an annual basis if the property remains vacant and abandoned.**

<b>Registered Property Information</b>	
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	
<b>Responsible Party</b>	
Name: _____	Contact Person: _____ (if different than above)
Mailing Address: _____	
City _____ State _____ Zip _____	Phone #: _____
Fax #: _____	E-mail: _____
<b>Authorized Agent (If Applicable)</b>	
Name: _____	Contact Person: _____ (if different than above)
Mailing Address: _____	
City _____ State _____ Zip _____	Phone #: _____
Fax #: _____	E-mail: _____
<b>Property Manager * (party responsible for maintaining property) (if different from Responsible Party or the Authorized Agent)</b>	
Name: _____	Contact Person: _____ (if different than above)
Mailing Address: _____	
City _____ State _____ Zip _____	Phone #: _____
Fax #: _____	E-mail: _____
<b>*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.</b>	
Please check one:	
<input type="checkbox"/> Initial Registration (Fee: \$250 1 <sup>st</sup> year) <span style="float: right;"><u>Please make payment payable to Township of West Milford</u></span>	
(\$500 2 <sup>nd</sup> year, \$750 3 <sup>rd</sup> year, \$1000 4 <sup>th</sup> 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) <span style="float: right;"><input type="checkbox"/> Sold – Insert Closing Date _____</span>	
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.

	EMAIL
Responsible Party Signature	Print Name
	Date

**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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