



TOWNSHIP OF SOUTHAMPTON

Clerk's Office
5 Retreat Road
Southampton, NJ 08088
clerksoffice@southamptonnj.org

Date: _____
Check Number: _____

609-859-2736
Fax 609-388-5532

Registration of Vacant/Abandoned Properties

Property Address: _____

Block: _____ Lot: _____ Date Vacated: _____

Name of last known resident: _____

Current Property Owner: _____

Address (No PO Box): _____

Telephone Number: _____ E-Mail: _____

Property Management (Within one hour response to property): _____

Address (No PO Box): _____

Telephone Number: _____ E-Mail: _____

Contact Name: _____ 24-hour Direct Phone Number: _____

Lender/Lien Holder/Mortgage Co: _____

Address (No PO Box): _____

Telephone Number: _____ E-Mail: _____

Property Description: Residential: _____ Commercial: _____

Number of Stories: _____ Square Footage: _____ Lot Size: _____

Abandoned: _____ Vacant: _____ Secured: _____ Open & Accessible: _____

Utilities: Electric: On/Off Water: On/Off Gas: On/Off Fuel Oil: Empty/ 1/4 1/2 3/4 Full

(Check if applies) Pool _____ Hot Tub/Spa _____ Drained or Covered (with approved cover) Yes/No

Is a sign (minimum 8"x10") affixed to the building specifying the name, address and telephone number of the owner, owner's authorized agent and person responsible for supervision and management of the building and grounds? Yes/No

Does the owner intend to restore the property to productive use and occupancy within the next 12 months? Yes/No

I certify that the following statements made are true. I am aware that if any of the foregoing statements made by me are willfully false, or if the registration fee is not received within the required time I am subject to punishment under Southampton Township Municipal Code 8-7 Property Maintenance.

Responsible Person (Signature)

Responsible Person (Name-Print)

Date (mm/dd/yyyy)

**Registration Fee: (Yearly) \$250.00 Fee shall accompany this registration form.
Check to be made payable to Southampton Township.**