

**Township of Kingwood  
599 Oak Grove Road  
Frenchtown, NJ 08825  
908-996-4276 x229**

**Vacant/Abandoned Property Registration Form**

**Property Information**

Address \_\_\_\_\_

\_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

Is property? Vacant \_\_\_\_\_ Abandoned \_\_\_\_\_

Secure from unauthorized entry? Yes \_\_\_\_\_ No \_\_\_\_\_

Utilities On or Off? Electricity \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_

**Owner / Responsible Party Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

**Lender / Lien Holder Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

## Property Manager Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

## Authorized Agent Information

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

## Best Contact in Case of Emergency

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that I am dually authorized to act on behalf of all the ownership interest in the above-described property. I certify that the foregoing statements are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Owner/Authorized Agent Signature

\_\_\_\_\_  
Date