

## TOWNSHIP OF HILLSBOROUGH VACANT & ABANDONED RESIDENTIAL PROPERTY CERTIFICATE OF REGISTRATION FORM

379 SOUTH BRANCH ROAD HILLSBOROUGH, NJ 08844

908-369-3535 PHONE 908-369-6034 FAX Pamela Borek, Township Clerk pborek@hillsborough-nj.org



**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.

| Registered Property Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Registered Property Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Hillsborough, New Jersey 08844                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| Block: Lot:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Is the property currently:  1. Enclosed and secured from unauthorized entry? □ Yes □ No  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? □ Yes □ No  3. Supplied with the following utilities: |  |  |  |  |  |
| Responsible Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| Contact Person: (if different than above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Phone #:Fax #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| E-mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
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| Authorized Agent (If Applicable)  Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| Contact Person: (if different than above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Phone #:Fax #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |
| E-mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
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|                                                             | Property Manage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r *     |                                |                        |  |
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| (If o                                                       | different from Responsible Party or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | uthorized Ag                   | gent)                  |  |
| Name:                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
| Contact Person: (if different                               | than above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |                                |                        |  |
| Mailing Address:                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
| Phone #:                                                    | Fax #:_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                |                        |  |
| E-mail:                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
| an authorized agent design                                  | intains an office within New Jersey<br>nated by the responsible party to re<br>lations on behalf of the responsible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ceive   | notices and                    |                        |  |
| Please check one                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | For Municipal Office Use Only: |                        |  |
| □ Initial Registration (Fee: \$2                            | 50)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | Renewal: In-                   | Compliance             |  |
| □ Renewal Registration – In-                                | Compliance (Fee: \$250)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                |                        |  |
| □ Renewal Registration – No                                 | n-Compliance (Fee: \$500)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | Date                           | Enforcement Official   |  |
| □ Amendment to Registration                                 | ı (Fee: \$0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | Removal:                       |                        |  |
| □ Removal – Property is no lo                               | onger Vacant & Abandoned (Fee: \$0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                |                        |  |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date                           | Enforcement Official   |  |
| The fee and registration shall be remain valid for one year |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
| from the date of issuance and shall be renewed on an annual |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Change of Inf                  | formation:             |  |
| basis if the property remain                                | ns vacant and abandoned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                |                        |  |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date                           | Township Clerk         |  |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
| Required Attachments (Ple                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
| □ Fees, if applicable, pursua                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
|                                                             | pursuant to Section 232-12(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                |                        |  |
|                                                             | g your agent/contact# that is to be pos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sted or | n the vacant a                 | and abandoned property |  |
| pursuant to Section 232-12(2                                | 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                |                        |  |
| Clerk within 30 days of the<br>Party may be subject to fil  | ation contained on this form must be change. Failure to submit the changes pursuant to Section 232-17 of the change is the change of the chang | anges   | is a violatior                 | n and the Responsible  |  |
| I certify that the foregoing                                | statements made by me are true.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
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| Responsible Party Signature                                 | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Da      | te                             |                        |  |
| Deceived:                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                |                        |  |
| Received:<br>Date                                           | <br>Initials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | To      | wnship Clerk                   |                        |  |
| Date                                                        | แแนเอ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10      | Musuh Oleik                    |                        |  |