



# SPRINGFIELD TOWNSHIP

2159 Jacksonville-Jobstown Road  
Jobstown, New Jersey 08041  
(609) 723-2464  
Fax (609) 723-6591

Clerk / Land Use ext. 10  
Police ext. 20  
Tax Collector ext. 14  
Tax Assessor ext. 19  
Construction / Zoning ext. 21  
Manager ext. 22  
Finance ext. 11

## Abandoned/Vacant Property Registration

### Instructions:

- **The registration and renewals shall be made in accordance with Chapter 151.** Therefore, all vacant properties/buildings must register with Springfield Township in accordance with "Vacant Property Registration Ordinance" Chapter 151.
- Please complete this form for each vacant property.
- Please make checks payable to Springfield Township. The vacant property registration payment included with this form pertains to the current period of vacancy.

**Annual Registration Fee: \$500.00**

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### ***Section 1: ADDRESS OF VACANT PROPERTY/BUILDING***

Street Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Ward: \_\_\_\_\_

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### ***Section 2: PURPOSE OF FORM (SELECT ONE)***

Initial: \_\_\_\_\_ Renewal: \_\_\_\_\_ Status Change: \_\_\_\_\_

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If this is a Status Change, please provide the reason, and attach any relevant documentation:

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**Section 3: PROPERTY OWNER INFORMATION (No PO Boxes are permitted)**

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\* If the property owner has an **AGENT**, you must continue completing the rest of Section 3. \*\*\*

Agent of Owner (Company): \_\_\_\_\_

Agent of Owner (Name of Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**For Agent:**

As the agent of owner, are you authorized to receive notice on behalf of the owner?

Yes \_\_\_\_\_ No \_\_\_\_\_

As the agent of owner, are you authorized to receive legal notice?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If NO, fill in below the individual authorized to receive legal notice.)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Section 4: CREDITOR APPLICABILITY**

Are you a creditor or representing a creditor? Yes \_\_\_\_\_ No \_\_\_\_\_ (If NO, skip ahead to Section 5.)

Creditor's Name: \_\_\_\_\_

Creditor's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\* If the creditor has an Agent, complete the rest of Section 4. \*\*\*

Agent of Creditor (Company): \_\_\_\_\_

Agent of Creditor (Name of Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

**For Creditor's Agent:**

As the agent of creditor, are you authorized to receive notice on behalf of the owner?

Yes \_\_\_\_\_ No \_\_\_\_\_

As the agent of creditor, are you authorized to receive legal notice?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If NO, fill in below the individual authorized to receive legal notice.)

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

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***Section 5: PROPER SIGNAGE***

Is there a sign affixed to the property indicating the name, address, and phone number of the owner and owner's authorized agent?

Yes \_\_\_\_\_ No \_\_\_\_\_

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*~~ Section 6/Certification on next page ~~*

**Section 6: CERTIFICATION**

I, \_\_\_\_\_ hereby request to register the vacant property/  
building listed above and acknowledge the information above is complete and accurate. In  
accordance with the Township of Springfield “Vacant Property Registration Ordinance”, I agree  
to notify any future owner of this vacant building registration, and I certify that the foregoing  
statements made by me are true. I am aware that if any of the foregoing statements made by me  
are willfully false, I am subject to punishment.

\_\_\_\_\_  
**Applicant’s Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant’s Signature**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, before me, \_\_\_\_\_,  
the undersigned person appeared \_\_\_\_\_, known to me (or  
satisfactorily proven) to be the person whose name is subscribed to the within instrument and  
acknowledged that he/she executed the same for purposes whereof, I hereunto set my hand.

\_\_\_\_\_  
Notary Public

My commission expires: