Township of Evesham



Acting Township Clerk-Rebecca Andrews, Room201 984 Tuckerton Road Marlton, NJ 08053 856-983-2900

DEREGISTRATION FORM VACANT / ABANDONED PROPERTY

(Please Print or Type)

Block:	Lot:	Address of Deregistering Property:				
1. PROPERTY OWNER						
Name:						
Address (No P.O. Boxes):						
Telephone:				Email:		
2. Deregistering Mortgagee / Financial Institution's Name, Mailing Address, Fax Number and Email Address						
Name:						
Address (No P.O. Boxes):						
Telephone #: Fax #:						
Contact Name:			Direct #:		Email:	
3. PROPERTY DESCRIPTION						
Total number of Residential Units:				Number of Stories:		
Property Acquirement Date:						
a. Is the property: 🗌 Vacant 🔹 Abandoned 🔤 Secure 🔤 Open & Accessible						
b. Does the owner intend to restore the property to productive use and occupancy within the next 12						
months? 🗌 Yes 🗌 No						
c. Is the property currently enclosed and/or secured from unauthorized entry (e.g., windows/doors						
boarded)? 🗆 Yes 🗆 No						
d. Are	the utilities ON or	OFF?: El	ectric:	Water:	Gas:	
e. 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 daily supervision and						
management of the building? Yes No						
An emergency contact person, having the authority to act and respond to the needs of the registered property, must be available on a 24 hour per day, 7 days per week basis.						
Emergency Contact Name & 24 Hour Telephone Number:						
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 UNDER THE PENAL SECTION OF THE TOWNSHIP OF EVESHAM PROPERTY MAINTENANCE ORDINANCE.						
NOTE: THIS FORM MUST ACCOMPANY COPY OF SETTLEMENT STATEMENT and CERTIFICATE OF INSURANCE						
OWNER'S N	AME (Printed):		OWNER'S SIGNATI	JRE	DATE	