CITY OF ALLENTOWN

VACANT PROPERTY REGISTRATION

Today's Date _____

Address of Vacant Property _____ Parcel #_____

Property Type (Circle One) Commercial – Residential – Mixed Use

Number of residential Units _____

Owner(s) Name _____

Phone # _____ Email _____

Owner(s) Address _____

Representative Name _____

Representative Type (Circle One Below)

Owner/Mortgagee /Servicer / Property Manager / Local Agent /Other_____

Address _____

Phone # _____ Email _____

I hereby certify that all of the information I have provided for this registration is true and correct. I understand that this registration is good for one year and fees will be due annually until the property is occupied. Once the property is reoccupied it is my responsibility to contact the Bureau of Building Standards and Safety to deregister the property and to avoid further charges.

Name of person filing registration

(Printed) _____

(Signed) _____