ABANDONED RESIDENTIAL PROPERTY REGISTRATION

This form is to be completed by the owner or other responsible person. Please print clearly. If you need assistance please call (810) 732-1350 or FAX (810) 733-6919

* Dwelling Address		
* Number of apartments / Single Family	_	y when in use: Multiple Units (indicate number of apartments / units)
NOTE: Vacancies of over 1 at (810) 732-1350 for more		e loss of approved multiple use zoning status. Call the Zoning Office
* Owner's Full Name and	Address (include day	y time phone number):
* Property Manager (if an	y) Full Name and Add	dress (include day time phone number):
* Address where owner p	refers to receive mai	I (if same as above write 'same')
* Estimate of time proper	ty will be vacant?	Reason?
* What are your plans for	this site? (e.g. resto	re, reuse or removal) How long will this take?
Is this property for sale? _		<u></u>
Who should prospective bu	ıyers contact (include r	name and number)?
Approximate price?	т	erms?
Is there any other informati	on about this dwelling	that you want us to know?
* REQUIRED INFORMATI	ON	
Signed:		Date Signed:
Signed by: (Print):		
Please return this comple	eted registration appl	ication and fee of \$250.00 to:

FLINT TOWNSHIP BUILDING DEPARTMENT. ARP - 1490 S. Dye Rd. - Flint, MI 48532