



TOWNSHIP OF SOUTHAMPTON

Clerk's Office
5 Retreat Road
Southampton, NJ 08088
clerksoffice@southamptonnj.org

Date: _____
Check Number: _____

609-859-2736
Fax 609-388-5532

Registration of Foreclosed Properties

Property Address: _____

Block: _____ Lot: _____ Date Foreclosed: _____ Date Vacated: _____

Name of last known resident: _____

Current Property Owner: _____

Address (No PO Box): _____

Telephone Number: _____ E-Mail: _____

Property Management (Within one hour response to property): _____

Address (No PO Box): _____

Telephone Number: _____ E-Mail: _____

Contact Name: _____ 24-hour Direct Phone Number: _____

Lender/Lien Holder/Mortgage Co: _____

Address (No PO Box): _____

Telephone Number: _____ E-Mail: _____

Property Description: Residential: Commercial:

Number of Stories: _____ Square Footage: _____ Lot Size: _____

Abandoned: Yes No / Vacant: Yes No / Secured: Yes No / Open & Accessible: Yes No

Utilities: Electric: On Off / Water: On Off / Gas: On Off / Fuel Oil: Empty / 1/4 1/2 3/4 Full

(Check if applies) Pool / Hot Tub/Spa / Drained or Covered (with approved cover) Yes No

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 supervision and management of the building and grounds? Yes No

I certify that the following statements made are true. I am aware that if any of the foregoing statements made by me are willfully false, or if the registration fee is not received within the required time I am subject to punishment under Southampton Township Municipal Code 8-7.9 Vacant and Abandoned Properties: Notice, Registration, and Fees.

Responsible Person (Signature)

Responsible Person (Name-Print)

Date (mm/dd/yyyy)

Registration Fee: (Yearly) \$250.00 Fee shall accompany this registration form due January 1.
If the property is in foreclosure and vacant, it is an additional \$2,000
Check to be made payable to Southampton Township.