

PA 09-144 REGISTRATION FORM

Please Complete and Sign form.

Filing fee: \$100.00. Payable to town of registration.

Vacant Property Address: _____

Registrant/Owner: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____

Prefer to be contacted by (check one): U.S. Mail _____ Email: _____

Phone: (____) _____ Fax: (____) _____

**If the above is a Corporation or Out-of-State Registrant –
please list in-state contact information below:**

Company/Contact: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) _____ Fax: (____) _____

Property Maintenance/ Management Company (if applicable)

Company/Contact: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (____) _____ Fax: (____) _____

REGISTRANT'S SIGNATURE: _____

Print Name: