

Date: \_\_\_\_\_

# CITY OF WOODHAVEN

21869 West Road  
Woodhaven MI 48183  
Phone 734.675.4930

## VACANT PROPERTY REGISTRATION FORM

\$400.00 Registration and \$200.00 Monthly Fee (cash or check payable to City of Woodhaven)

Property Address: \_\_\_\_\_ Tax Parcel ID #: \_\_\_\_\_  
Date Property Became Vacant \_\_\_\_\_ Lock Box or Other Information: \_\_\_\_\_

### **Ownership Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

### **Person Responsible for Care and Control/Property Manager:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_

Street Address (No P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner

Property Manager

Other

### **Utility Status:**

Gas: \_\_\_\_ Disconnected \_\_\_\_ In Proper Working Order \_\_\_\_ Other-Explain \_\_\_\_\_

Electric: \_\_\_\_ Disconnected \_\_\_\_ In Proper Working Order \_\_\_\_ Other -Explain \_\_\_\_\_

Water: \_\_\_\_ Disconnected \_\_\_\_ In Proper Working Order \_\_\_\_ Winterized \_\_\_\_ Other-Explain \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

*By signing this document, I am acknowledging that I am aware of and intend to comply with the property maintenance requirements of Section 18-380 of the Woodhaven Code of Ordinances. I am authorizing the City of Woodhaven to utilize this information, certifying that I have legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge, and that the addresses provided above for owner and responsible person are addresses where mail or communications may be sent and can be acknowledged as received.. I am here by granting permission to the City of Woodhaven authorized staff to access the exterior of the property for inspection purposes.*