

## HANOVER TOWNSHIP, NORTHAMPTON COUNTY 3630 Jacksonville Rd, Bethlehem, PA 18017 610.866.1140 - FAX 610.758.9116

## VACANT PROPERTY INFORMATION AND REGISTRATION ANNUAL REGISTRATION

(Ordinance 16-04)

Physical address of Subject Prop	perty:			
City:	State:		Zip Code:	
Number of Vacant Buildings:	Number of Units:		Total Vacant Square Footage:	
Last Date of Occupancy:			Single Family Property (Y/N):	
REREGISTRANT INFORMA	TION		Single Family Property (1/14).	
OWNED BY INDIVIDUAL(S) Name of First Property Owner:	provide separate sneet f	or addition		
Physical address of Owner:				
City:	State:		Zip Code:	
Mailing address of Owner:	State.			
City:	State:	State:		
Home Phone:	Business Phone:		Zip Code: Email:	
Name of Second Property Owne	r (if applicable):			
Physical address of Second Property				
ty: State:		Zip Code:		
Mailing Address of Second Owner:				
City:	State:		Zip Code:	
Home Phone:	Business Phone:	Business Phone:		
List of Additional Property Owners:				
OWNED BY CORPORATION, TRUST, ESTATE, OR OTHER L		, LIMITED	LIABILITY COMPANY,	
Name of Entity:				
Physical Address of Entity:				
City:	State:		Zip Code:	
Mailing Address of Entity:				
City:	State:		Zip Code:	
Phone:		Email:		
Name of Registered Agent/Trus	tee/Representative:			
Physical Address of Agent:				
City:	State:		Zip Code:	
Phone:		Email:		
Mailing Address of Agent:				
City:	State:		Zip Code:	
Phone:		Email:		
MORTGAGE COMPANY INFO	KMAIION			
Mortgage Company/Bank:	RMATION			
Mortgage Company/Bank: Mailing Address:				
Mortgage Company/Bank: Mailing Address: City:	State:		Zip Code:	
Mortgage Company/Bank: Mailing Address: City: Contact Name:			Zip Code:	
Mortgage Company/Bank: Mailing Address: City: Contact Name: Phone:	State:	Email:	Zip Code:	
Mortgage Company/Bank: Mailing Address: City: Contact Name: Phone: DESIGNATED LOCAL PROPER	State:	Email:	Zip Code:	
Mortgage Company/Bank: Mailing Address: City: Contact Name: Phone: DESIGNATED LOCAL PROPER Name of Property Manager:	State:	Email:	Zip Code:	
Mortgage Company/Bank: Mailing Address: City: Contact Name: Phone: DESIGNATED LOCAL PROPER	State:	Email:	Zip Code:	