

ABANDONED PROPERTY REPORTING FORM *

DATE _____
STREET NUMBER _____ STREET NAME _____
ZIP _____ OTHER DESCRIPTION _____

TYPE OF PROPERTY (CHECK ONLY ONE):

<input type="checkbox"/> SINGLE FAMILY DETACHED	<input type="checkbox"/> MIXED COMMERCIAL/APARTMENTS
<input type="checkbox"/> TWIN (SEMI-DETACHED)	<input type="checkbox"/> COMMERCIAL (STORES/OFFICES)
<input type="checkbox"/> SINGLE FAMILY ROW HOUSE	<input type="checkbox"/> INDUSTRIAL
<input type="checkbox"/> 2-4 FAMILY	<input type="checkbox"/> OTHER (EXPLAIN: _____)
<input type="checkbox"/> APARTMENT BUILDING (5+ FAM)	_____

IF YOU KNOW, how long has property been vacant? _____ months _____ years

HOW CAN YOU DOCUMENT THIS (Check all that apply):

Personal (first-hand) knowledge
 Credible witness (neighbor, postal worker, real estate agent, etc.)
 Property on earlier vacant property list (Which? _____)
 Documentary evidence (dated photo, inspection report, complaint filed, etc.)
Specify: _____

CHECK ALL THAT APPLY. PROVIDE A SHORT EXPLANATION AFTER EACH ONE CHECKED:

Property is not well-secured: _____

 Property is not habitable without major repair: _____

 Property has accumulations of trash or debris: _____

 Property is used for criminal or drug activity: _____

 Property is a health or fire hazard: _____

Are there any signs (realtor, property management co., city, etc.) on the property?

yes no IF YES, what do they say? _____

OTHER COMMENTS/OBSERVATIONS (continue on back of sheet if necessary): _____

ENTER YOUR CONTACT INFORMATION:

Name: _____
Phone: _____
E-Mail: _____



*for use by CDC or residents to identify abandoned properties for inclusion on municipality abandoned property list.