



VACANT/BLIGHTED STRUCTURE REGISTRATION

Community Planning & Economic Development Department
415 Stockbridge Ave, Kalamazoo, MI 49001
Phone: 269-337-8026/Fax: 269-337-8513

This form is provided pursuant to Chapter 21 Article IV and must be completed by the owner or other responsible person and returned to the address above within ten (10) days.

PROPERTY ADDRESS: _____ Parcel ID #: _____

RESPONDENT: Name _____ Date of birth: ____/____/____

Address _____

City, State, Zip _____

Phone _____ Cell _____

Fax _____ Email _____

If respondent is the property owner, please initial here: _____

If there are any other parties with a known ownership interest, please complete the following:

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone: _____

Phone: _____

Nature of property interest: _____

Nature of property interest: _____

CHECKLIST:

[] Number of units/apartments in this structure during its most recent occupancy: _____

[] End date of most recent occupancy:

• On or about ____/____/____

• Reason: _____

[] Circle your plan(s) for future use of this property: **Sell Repair Reuse Demolish**

• If you circled Demolish, you must obtain a Permit to Wreck within 45 days from the date of your Vacant Blighted Structure Notice.

• If you circled Sell, may we give prospective buyers your contact information? Yes No

• Would you consider donating this property to a non-profit entity? Yes No Unsure
(For more information about donation, please contact us using the information above.)

[] If you are aware of any liens on this property, please list the nature and approximate amount(s) below:

[] If there is any other information about this property that you want us to know, please note it below.

[] By my signature, I affirm that the representations made above are true to the best of my knowledge.

SIGNED: _____ Date: _____

