

APPLICATION FOR REGISTRATION OF VACANT RESIDENTIAL PROPERTY

PLEASE PRINT LEGIBLY AND FILL OUT COMPLETELY

Property Address _____ Sidwell No. _____ Date of Vacancy _____

Owner's Full Name _____

Owner's Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Property Manager or Local Agent _____ Phone _____ Fax _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Lock Box Yes No Combination #: _____ Location: _____

Applicant's Signature: _____ Owner Manager

FOR OFFICE USE ONLY

Date of Receipt _____ Notification to Fire _____

Entered Data _____ Police _____

Clerk _____ DPW _____

Return completed forms to:

Kathy McClintic
City of Ferndale
300 E Nine Mile Rd
Ferndale, MI 48220
248-546-2525 x 115

kmclintic@ferndalemi.gov