

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.