



RESIDENTIAL VACANT PROPERTY REGISTRATION

RESIDENTIAL SERVICES DEPARTMENT

I. REGISTRATION INFORMATION

- First Notification
 \$150 Registration Fee
- Revised Information
 No Fee
- Occupancy Inspection Requested
 \$200 Inspection Fee for Single-Family Home
 \$250 Inspection Fee for Two-Family Home

PLEASE MAKE CHECKS PAYABLE TO "CITY OF DEARBORN"

II. PROPERTY ADDRESS

PROPERTY ADDRESS: _____ **DEARBORN, MICHIGAN 4812** _____

III. PROPERTY OWNER

NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

IV. PROPERTY MANAGER

NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

V. EMERGENCY CONTACT

PHONE NUMBER: _____

- PROPERTY OWNER
 PROPERTY MANAGER
 OTHER _____

VI. UTILITY STATUS

- GAS: Disconnected In Proper Working Order Other (Explain): _____
 ELECTRIC: Disconnected In Proper Working Order Other (Explain): _____
 WATER: Disconnected In Proper Working Order Other (Explain): _____

VII. RESPONSIBILITY / VIOLATIONS

It is your responsibility to regularly monitor your vacant property and address any maintenance and safety issues. Property maintenance and safety requirements are detailed in the City of Dearborn Vacant Property Ordinance, available for viewing at cityofdearborn.org.

If a violation is found on your property, you will be notified and required to correct the violation in a timely manner. Failure to comply may result in legal action. The City of Dearborn also has the right to abate nuisances at the property owner's expense.

VIII. AUTHORIZATION

By signing and submitting this document, I am authorizing the City of Dearborn to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge. I am granting permission to City of Dearborn authorized staff to access the exterior of the property for inspection purposes.

APPLICANT SIGNATURE: _____ DATE: _____

PRINT NAME: _____ DRIVER'S LICENSE# or STATE ID #: _____

FOR OFFICE USE ONLY:

Amount Paid: \$ _____ Receipt # _____ Case Number: _____ Processed By: _____