

FORECLOSED / ABANDONED PROPERTY AND MAINTENANCE REGISTRATION

Type of Property:	sbandonedForeclos	sed Date of Initial	inspection:	
Type of Registration:N	lewRenewal	Updated		
	PRO	PERTY / OWNER INFORMATION	N	
Property Address:				
			State	Zip
Parcel ID #:				
Property Owner Name:				
Property Owner Address:		City		
_	Street	5.1,	State	Zip
	LENDER IN	IFORMATION (REQUIRED)		
Lender:				
Address:		2"		
	Street	City	State	Zip
Contact Person:				
Telephone ()		Email:		
	MORTGAGE SE	RVICER INFORMATION (If appli	icable)	
Mortgage Servicer:	-	\ 1		
Address:	Street	City	State	Zip
Contact Person:				
Telephone (<u>)</u>				
, ,		 -		
	LOCAL PROPERTY N	MANAGEMENT INFORMATION	(REQUIRED)	
Property Management Comp		ible:		
*Responsible for securing and mainten				
Address:Street		City	State	Zip
Emergency Contact Person: _				
Telephone ()		Email:		
<u> </u>				
Is the property years = 1	Yes No	by	Data Varified	
Is the property vacant?	Verified	Please Print Name	Date Verified	
Has property been posted				
with contact information?	Verified	· -	Date Verified	
		Please Print Name		

By signing below, I hereby affirm that I am the individual that completed this document. I acknowledge that all information recorded on this document is true and accurate to the best of my ability. I understand that if this document contains errors or is incomplete, it will be returned, which will delay registration of this property. I further understand that any delay in registration could result in costs and fines being incurred. Document completed by _____ Title / phone _____ (Print Name) Signature Date For more information regarding Glen Rock Borough's Code of Ordinances and Foreclosure Property Registry and Maintenance (chapter 10-501 - 10-515), please visit the Borough website at www.glenrockpa.org or view Glen Rock Borough ordinances online at ecode360.com/GL2336. INTERNAL USE ONLY __ Check #: _____ Date received: _____ Amount Received: _____ __ Money Order #: _____

__ Cash

Invoice #: _____