



**VACANT PROPERTY REGISTRATION
Ordinance 2015-08**

VACANT PROPERTY ADDRESS _____ **Block:** _____ **Lot:** _____

Owner (s) Full Name (Print) _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email Address _____

Lienholder in Possession: Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email Address _____

**Authorized In-State
Representative: Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email Address _____

**Barnegat Township
900 West Bay Avenue
Barnegat, NJ 08005
Please file with the Township Clerk
Email: clerk@barnegat.net
Fax: 609-698-4088**