



CITY OF DEARBORN
VACANT PROPERTY REGISTRATION
 PROPERTY MAINTENANCE and DEVELOPMENT SERVICES

FOR OFFICE USE ONLY:

Case#: _____

Date Submitted: _____

Processed by: _____

I. PROPERTY INFORMATION

PROPERTY ADDRESS or PARCEL #: _____ **DEARBORN, MI 4812** _____

RESIDENTIAL COMMERCIAL BUILDING VACANT LOT

II. REGISTRATION INFORMATION

First Registration or Annual Renewal -- \$25 Fee (CHECKS PAYABLE TO "CITY OF DEARBORN")
 Revised Information -- No Fee

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. 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 within 24 hours. 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.

If an email address has been provided, you will be notified via the City of Dearborn ADVANCED NOTIFICATION SYSTEM that a violation was found on your property. This communication is meant to give you timely notice to correct a violation, but does not replace your responsibility to monitor and maintain your property.

VII. 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 all areas of the building and property for inspection purposes.

APPLICANT SIGNATURE: _____ DATE: _____

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