Town of Washington Grove Vacant Property Registration

	Date:		
Property Address: Property Owner(s) (ALL must be listed – list others on next page): Name(s):			
		Cell:	
Responsible Party: Name(s):			
		or entity with control of the property	
•		Cell:	
Emergency Contact: Name:			
		Cell:	
Reason(s) for Vacancy:			
Please attach all of the followin 1. Insurance declaration/certific assessed value of the improve Assessed value:	eate of property and casua ments (building and struc	olty insurance greater or equal to the ctures) on the property.	

- 2. Certificate of inspection by a licensed pest company certifying that there is no ongoing pest infestation;
- 3. *If electricity is on:* Confirmation of fire-code-compliant fire alarms with connection to an outside alarm;
- 4. *If electricity is off:* Confirmation that the water is turned off; and
- 5. Documentation of the location of any oil or propane tanks on the property.

	Signature of Responsible Party	
Additional Owner(s):		
Name(s):		
Mailing Address:		
Telephone: Home:	Office:	Cell:
Email address:		
Name(s):		
Mailing Address:		
Telephone: Home:		
Email address:		