



ABANDONED PROPERTY REPORTING FORM

Street Address: \_\_\_\_\_

Tax Block/Lot: \_\_\_\_\_

Property Type:

Single-Family Detached Multi-Family Industrial
Single-Family Twin Commercial Other
Single-Family Row Residential/Non-Residential Mix

Description: \_\_\_\_\_

IF KNOWN, how long has property been vacant? \_\_\_\_\_ months
\_\_\_\_\_ years

Check ALL that apply:

- Property is not well secured
Property is not habitable without major repair
Property has accumulations of trash or debris
Property is used for criminal or drug activity
Property is a fire hazard

Comments/Observations: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Name: \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

OFFICIAL USE ONLY

Date Received \_\_\_\_\_

Inspection Date \_\_\_\_\_

Findings \_\_\_\_\_

Date of Notice to Requesting Agency of Determination: \_\_\_\_\_

Publication Date: \_\_\_\_\_

Certified Notice or Posting Date: \_\_\_\_\_

Hearing Requested: Yes No

Redetermination Hearing Date: \_\_\_\_\_

Redetermination Disposition: \_\_\_\_\_

Disposition Mailing Date: \_\_\_\_\_

Appeal: Yes No

Agency Property Assigned/Transferred: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please return this completed form to the following address: Vincent Basara, Ombudsman, City Hall-13th Floor, 520 Market Street, Camden NJ 08101