



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: Bureau of City Properties, City Hall-Room 327A, 520 Market Street, Camden NJ 08101