



TOWN OF NEW PALTZ

VACANT BUILDING REGISTRATION MANAGING AGENT DESIGNATION FORM

PURSUANT TO CHAPTER §110 OF THE CODE OF THE TOWN OF NEW PALTZ

<https://ecode360.com/37965569>

Date received _____

Scheduled Inspection Date _____

Fee paid \$ _____

☐ PASS RENEWAL DATE _____

REVIEW WITHIN 14 DAYS

REVIEW BY DATE: _____

☐ FAIL REINSPECTION DATE _____

REGISTRATION ID # _____

RENEWAL DATE _____

DO NOT WRITE ABOVE THIS LINE

PROPERTY LOCATION

Location of Premises – Street # _____ Street Name _____

SECTION _____ BLOCK _____ LOT _____

OWNER INFORMATION

Owner _____

Is the Owner of record a Corporation? ☐ No ☐ Yes

Mailing Address _____ State/Zip Code _____

Physical Address _____ State/Zip Code _____

(if different from mailing address)

Cell Phone # _____ E-Mail address _____

Mortgagee/Mortgage Loan Servicer***

Mortgagee/Loan Servicer Name _____

Mailing Address _____ State/Zip Code _____

Physical Address _____ State/Zip Code _____

(if different from mailing address)

Mortgagee/Loan Servicer Employee Contact Information:

Phone # _____ ext# _____ E-Mail address _____

Managing Agent Contact Information***

***** Required if does not reside or maintain an office in the Town of New Paltz. SEE §110-6 of the Code of the Town of New Paltz.)*****

Managing Agent Name _____

Mailing Address _____ State/Zip Code _____

Physical Address _____ State/Zip Code _____

(if different from mailing address)

Cell Phone # _____ E-Mail address _____

☐ I ACKNOWLEDGE THAT I HAVE READ AND THAT I AM FAMILIAR WITH CHAPTER 110 RENTAL AND VACANT RESIDENTIAL PROPERTIES OF THE CODE OF THE TOWN OF NEW PALTZ.

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INITIAL _____

"I certify that all information contained in this statement is true and correct to the best of my knowledge and belief. I understand that I am responsible for keeping all information current. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and shall constitute a violation of this chapter."

OWNER SIGNATURE _____ DATE _____

OR

MORTGAGEE/MORTGAGE LOAN SERVICER

_____ DATE _____

By: _____ Title _____

DESIGNATED MANAGING AGENT SIGNATURE _____ DATE _____