



# Town Of Merrillville Vacant and Abandoned Building/Property Registration

This form must be completed by the building owner.  
If you need assistance, please call Vickie Bunnell  
219-769-3631; Fax 219-736-9039 or email vbunnell@merrillville.in.gov

### Property Information

Street Address of Vacant Building/Property \_\_\_\_\_

Parcel Number (If Known) \_\_\_\_\_

Property Type: Check One  Single Family  Multiple Family, Number of Residential Units \_\_\_\_\_  Commercial  Industrial

Utilities Please Check Water -  On  Off Gas -  On  Off Electricity -  On  Off Winterized -  Yes  No

### Owner's Information (Please include a copy of the most recently executed deed and sales disclosure form)

Full Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

### Property Manager's Information

(Owner must appoint a property manager residing within 50 miles of the property. The owner may serve as property manager if owner resides within 50 miles of the property.)

Full Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

### Lien Holder Information (Fill in if you are not the owner but have an interest in the property)

Full Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

### Liability Insurance (Written evidence of a liability insurance policy or bond for the property is required according to the ordinance)

Insurance Policy Number \_\_\_\_\_

Insurance Agent Name \_\_\_\_\_

Insurance Agent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Agent Telephone Number (\_\_\_\_) \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company Telephone Number (\_\_\_\_) \_\_\_\_\_

### Property Plans

Estimated Date That Repairs Will Be Complete (Owner Plan) \_\_\_\_\_

Owner's Plan for Maintenance and Repair to the Property: \_\_\_\_\_

### Annual Registration Fee Structure

- Single Family Property (not more than 3 residential units) = \$100.00 per property
- Multi-Family Property (more than 3 residential units or non-residentially zoned) = \$200.00 per property

I hereby certify that I have examined this Vacant and Abandoned Building Registration form and affirm under the penalties of perjury that the information provided on this form is true and accurate. I am aware that failure to provide adequate information or failure to maintain the property according to the Merrillville Town Ordinance 15-16 will subject the owner(s) of the building to fines.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

