



MACOMB TOWNSHIP
54111 BROUGHTON ROAD
MACOMB MI 48042

TEL: (586) 992-0710
FAX: (586) 992-0720

VACANT PROPERTY REGISTRATION FORM

Property Address: _____

Subdivision and Lot Number: _____

Lock Box Number: _____

Property Owner's Full Legal Name: _____

Property Owner's Mailing Address: _____

City, State and Zip Code: _____

Contact Person: _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Driver's License/Business License Number: _____

If the owner is a corporation, please provide the information for the registered agent or person legally responsible.

Signature of the owner or legal representative: _____

Print Name: _____

Date: _____

A \$175.00 safety and maintenance inspection fee is required. An inspection date/time must be scheduled within 30 days of registration date. Must provide furnace certification from licensed contractor.