

CITY OF TAUNTON
BUILDING DEPARTMENT

REGISTRATION FORM FOR
VACANT & FORECLOSED RESIDENTIAL PROPERTIES

Please fill out all applicable information below and deliver to:
Building Department, City Hall, 15 Summer Street Room 21, Taunton, MA 02780

Registration Date: _____

Original Registration

Form Submitted By: (name) _____

Change of Registration Info

Property Information

Map, Lot & Unit Number: _____ Number of Dwelling Units: _____

Property Address: _____

Utility Status (please circle): Gas: On / Off Elec: On / Off Water: On / Off

Property Owner Information

Property Owner Name: _____

Owner Address: (NO P.O. Box) _____

Owner Telephone: (____) _____ Email: _____

Property Manager Information

any vacant building MUST have a designated property manager

Property Manager/Agent Name: _____

Manager/Agent Address (NO P.O. Box): _____

Manager/Agent Telephone: (____) _____ Email: _____

Status of Building:

City Inspection Conducted By: _____

Date _____ Is property currently vacant?
(please circle) Yes / No

Office Use Only:

Date of Submittal: _____ Fees Paid: _____

Received by: _____ File Number: _____