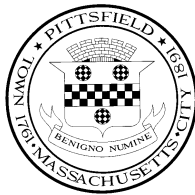


For Office Use Only  
Registration Number:

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



For Office Use Only  
Registration Form Reviewed By:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

# PITTSFIELD BOARD OF HEALTH

OFFICE: 100 NORTH STREET, MEZZANINE LEVEL, PITTSFIELD, MA 01201

MAIL: CITY HALL, 70 ALLEN STREET, PITTSFIELD, MA 01201

Ph-(413) 499-9411 ~ Fax-(413) 448-9798

[www.cityofpittsfield.org](http://www.cityofpittsfield.org)

## 2018

### NON-OWNER OCCUPIED PROPERTY REGISTRATION FORM

(Annual Registration)

IN ACCORDANCE WITH THE CODE OF CITY OF PITTSFIELD CHAPTER 3 1/2

† NEW ~ REGISTRATION FEE~\$10.00 for the 1<sup>st</sup> property plus \$1.00 for each additional property

† RENEWAL ~ REGISTRATION FEE~\$10.00 for the 1<sup>st</sup> property plus \$1.00 for each additional property

#### PROPERTY OWNER INFORMATION:

Name: \_\_\_\_\_ Daytime Phone Number: ( ) \_\_\_\_\_

Emergency (24 hours) Contact Phone: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*\*\*

#### OWNERS DESIGNEE TO MAINTAIN PROPERTY (IF NOT OWNER):

Company/Property Manager: \_\_\_\_\_ Daytime Phone Number: ( ) \_\_\_\_\_

Emergency (24 hours) Contact Phone: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*\*\*

#### MORTGAGEE/LIEN HOLDER INFORMATION:

Contact Name: \_\_\_\_\_ Daytime Phone Number: ( ) \_\_\_\_\_

Emergency (24 hours) Contact Phone: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*\*\*

*I, the undersigned hereby affirm that I am duly authorized to act on behalf of all the ownership interests in the above described property(ies); that all information is true and correct.*

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (please print) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please use the back side of the form to enter property (ies))

**ADDRESS OF PROPERTY(S) TO BE REGISTERED:**

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**Occupied:** Yes/No      **Single-Family:**       **Multi-Family:**       **Mixed-Residential:**   
**Vacant:** Yes/No      **Secured:**   
**Foreclosure** Yes/No      **Utilities:** On       Off   
**Initiated:**

---

**Occupied:** Yes/No      **Single-Family:**       **Multi-Family:**       **Mixed-Residential:**   
**Vacant:** Yes/No      **Secured:**   
**Foreclosure** Yes/No      **Utilities:** On       Off   
**Initiated:**

---

**Occupied:** Yes/No      **Single-Family:**       **Multi-Family:**       **Mixed-Residential:**   
**Vacant:** Yes/No      **Secured:**   
**Foreclosure** Yes/No      **Utilities:** On       Off   
**Initiated:**

---

**Occupied:** Yes/No      **Single-Family:**       **Multi-Family:**       **Mixed-Residential:**   
**Vacant:** Yes/No      **Secured:**   
**Foreclosure** Yes/No      **Utilities:** On       Off   
**Initiated:**

---

**Occupied:** Yes/No      **Single-Family:**       **Multi-Family:**       **Mixed-Residential:**   
**Vacant:** Yes/No      **Secured:**   
**Foreclosure** Yes/No      **Utilities:** On       Off   
**Initiated:**

---

**Occupied:** Yes/No      **Single-Family:**       **Multi-Family:**       **Mixed-Residential:**   
**Vacant:** Yes/No      **Secured:**   
**Foreclosure** Yes/No      **Utilities:** On       Off   
**Initiated:**

---

**Occupied:** Yes/No      **Single-Family:**       **Multi-Family:**       **Mixed-Residential:**   
**Vacant:** Yes/No      **Secured:**   
**Foreclosure** Yes/No      **Utilities:** On       Off   
**Initiated:**