



**PITTSFIELD BOARD OF HEALTH**

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

**2019**

**NON-OWNER OCCUPIED PROPERTY REGISTRATION FORM**  
*(Annual Registration)*

IN ACCORDANCE WITH THE CODE OF CITY OF PITTSFIELD CHAPTER 3 ½

- 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**MORTGAGEE/LIEN HOLDER INFORMATION:**

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

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

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

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*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:**  
**No Smoking Policy:** Yes/No

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

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**Foreclosure** Yes/No      **Utilities:** On       Off   
**Initiated:**  
**No Smoking Policy:** Yes/No

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**Initiated:**  
**No Smoking Policy:** Yes/No