



Jen Blumenstock, Mayor  
Kyle Harris, Administrator

Borough of Garwood  
County of Union  
403 South Avenue, Garwood, NJ 07027  
908-789-0710  
[garwood@garwood.org](mailto:garwood@garwood.org)

Catherine D. Cameron, R.M.C.  
Municipal Clerk  
[clerk@garwood.org](mailto:clerk@garwood.org)

**REGISTRATION OF FORECLOSURE/VACANT/ABANDONED PROPERTY**

Property registration and renewals shall be made in accordance with Borough Ordinance #23-02. Please complete and return to the Garwood Municipal Clerks Office with fee payable to the Borough of Garwood. The vacant/foreclosure property registration payment included with this form pertains to the current period of foreclosure or vacancy.

**REGISTRATION AND FEE SCHEDULE:**

Registration	\$ 500
Annual Renewal:	\$ 500
Vacant/Abandoned Property:	\$2,000 upon registration/additional per annum

Upon transfer of ownership to another creditor, the registration fee must be paid again by the new creditor. Annual fees for registration will be due January 1 of each year. All registration fees will be payable to the Borough of Garwood.

**Property to be Registered:**

Address: \_\_\_\_\_ Block/Lot \_\_\_\_\_

**Property Owner Information:**

Name of Owner: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Property Management Company/Responsible Party:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Creditor: Lender/Lienholder/Mortgage Company/Trustee**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**REGISTRANT CERTIFICATION**

I certify that I am the responsible individual for the aforementioned property and that the above information is true and correct to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willingly false I am subject to the "Penalties" section of Ordinance 23-02 of the Code of the Borough of Garwood. I agree to promptly advise the Borough of Garwood Clerk should any information change from that which was originally submitted on this form.

Registrant's Name \_\_\_\_\_ Signature \_\_\_\_\_

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