



# CITY OF PITTON

## VACANT PROPERTY REGISTRATION STATEMENT

PROPERTY ADDRESS: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF OWNED BY AN INDIVIDUAL(S)**

NAME OF OWNER(S): \_\_\_\_\_

STREET ADDRESS OF OWNER(S): \_\_\_\_\_

P.O. BOXES ARE NOT AN ACCEPTABLE ADDRESS

TELEPHONE NUMBER THAT CAN BE REACHED 24/7: \_\_\_\_\_

**IF OWNED BY A CORPORATION**

CORPORATION NAME: \_\_\_\_\_

NAMES OF ALL CORPORATION OFFICERS AND HOME ADDRESSES:

P.O. BOXES ARE NOT AN ACCEPTABLE ADDRESS – USE ADDITIONAL PAGE IF NECESSARY

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER THAT CAN BE REACHED 24/7: \_\_\_\_\_

**IF OWNED BY A TRUST, PARTNERSHIP OR OTHER UNINCORPORATED ASSOCIATION**

TRUST/PARTNERSHIP/ASSOCIATION NAME: \_\_\_\_\_

NAMES OF PRINCIPALS/PARTNERS WITH A 20% INTEREST OR GREATER AND HOME ADDRESSES:

P.O. BOXES ARE NOT AN ACCEPTABLE ADDRESS – USE ADDITIONAL PAGE IF NECESSARY

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER THAT CAN BE REACHED 24/7: \_\_\_\_\_

**IF OWNER(S) DOES NOT RESIDE IN LUZERNE COUNTY – APPOINTED RESPONSIBLE AGENT THAT RESIDES IN LUZERNE COUNTY**

NAME: \_\_\_\_\_

ADDRESS (NO P.O. BOXES): \_\_\_\_\_

TELEPHONE NUMBER THAT CAN BE REACHED 24/7: \_\_\_\_\_

This form is to be submitted within sixty (60) days of vacancy and on an annual basis for as long as the property remains vacant. An inspection must be performed by the Department of Code Enforcement within thirty (30) days of the filing of this form. Please return this form with **registration fee of \$35.00** to Pittston City Hall, 35 Broad Street, Pittston, PA 18640.

FOR OFFICE USE ONLY:

Date payment received: \_\_\_\_\_ Payment Type: \_\_\_\_\_