



**CITY OF DEARBORN**  
**RESIDENTIAL SERVICES DEPARTMENT**  
**4500 Maple. Dearborn, MI 48126. (313) 943-2150**

OFFICE USE ONLY:

Case # \_\_\_\_\_

Receipt # \_\_\_\_\_

CR CODE: **VP**

**RESIDENTIAL VACANT PROPERTY REGISTRATION FORM**

The purpose of the City of Dearborn Residential Vacant Property Program is to help protect the health, safety and welfare of the citizens by preventing blight, protecting property values and neighborhood integrity, avoiding the creation and maintenance of nuisances and ensuring safe and sanitary maintenance of residential dwellings and buildings.

- A building or structure that is not legally or currently occupied is considered vacant.
- Property must be registered within 90 days of vacancy.
- Registration fee is \$150 annually, payable to "City of Dearborn." Full COFO inspection fee is \$200 (2 family \$250)
- Vacant property will be monitored to ensure compliance with property maintenance and safety requirements.
- Please visit [cityofdearborn.org](http://cityofdearborn.org) to view Vacant Property Registration Information and the Registration Guideline.

<input type="checkbox"/> First Notification \$150 Fee	<input type="checkbox"/> Full COFO Inspection Requested - \$200 Fee	Lock Box# _____
<input type="checkbox"/> Revised Information - No Fee	(\$250 for 2 Family) + lock box or phone #	Or Phone # _____
<input type="checkbox"/> Annual Renewal Fee - \$150		

**PROPERTY ADDRESS**

\_\_\_\_\_ Dearborn, MI 48120 48124 48126 48128

**Loan Companies Only - House Vacant & Foreclosure complete?** Yes  No

**PROPERTY OWNER**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**PROPERTY MANAGER**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT**

Phone Number \_\_\_\_\_

Property Owner  Property Manager  Other -- Name \_\_\_\_\_

**UTILITY STATUS**

Gas:  Disconnected  In Proper Working Order  Other-Explain \_\_\_\_\_

Electric:  Disconnected  In Proper Working Order  Other-Explain \_\_\_\_\_

Water:  Disconnected  In Proper Working Order  Other-Explain \_\_\_\_\_

**AUTHORIZATION**

By signing and submitting this document, I am authorizing the City of Dearborn to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge. I am granting permission to City of Dearborn authorized staff to access the exterior of the property for inspection purposes.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ DATE \_\_\_\_\_  
 OR MI STATE ID# \_\_\_\_\_