



Borough of Hightstown

156 Bank Street, Hightstown, NJ 08520
(609) 490-5100 Fax: (609) 371-0267
Website: www.hightstownborough.com

VACANT AND ABANDONED RESIDENTIAL PROPERTY 2022 CERTIFICATE OF REGISTRATION FORM

Pursuant to Chapter 14, "Property Maintenance" of the Revised General Ordinances of the Borough of Hightstown, this form must be filed within 30 days of building becoming vacant or assuming ownership, unless notice received from Hightstown Borough, then within 10 days.

Valid through December 31 of year filed, renewable annually January 1

Please Print or Type all Information. A separate form must be filed for each Block and Lot.

Date of Application: _____ Block _____ Lot _____ Qualifier (if applicable) _____

Street Address of Property being registered _____

Name of Creditor filing complaint to foreclose _____

Name of individual responsible _____

Phone Number: _____ E-mail address _____

Street Address _____

City, State, Zip Code _____

Authorized Agent to receive notices _____

(Must be 21 years of age or older)

Phone Number: _____ E-mail address _____

Street Address _____

City, State, Zip Code _____

Name of NJ firm responsible for maintenance of property_____

Name of NJ individual responsible _____
(must be available 24 hours per day, 7 days per week)

Phone Number: _____ E-mail address_____

Street Address_____

City, State, Zip Code_____

Status of the following utilities:

Electricity ☐ On ☐ Off

Water ☐ On ☐ Off

Gas ☐ On ☐ Off

REGISTRATION FEES Checks should be made payable to Borough of Hightstown and mailed to 156 Bank Street, Hightstown, NJ 08520 Attn: Municipal Clerk's Office.	
Initial Registration	\$500.00
1 st annual renewal	\$1,500.00
2 nd annual renewal	\$3,000.00
Subsequent renewals	\$5,000.00

I certify that the foregoing statements are true and correct and the above property will adhere to the Borough of Hightstown Ordinances Chapter 14. I agree to notify the Borough of Hightstown immediately upon any changes in this information.

Signature_____ Print Name_____

Title_____ Date_____

To be completed by the Borough Staff			
DATE RECEIVED	CHECK #	AMOUNT	BY