



THOMAS M. McDERMOTT, JR.
MAYOR

NICHOLAS FARRELL
CODE ENFORCEMENT COMMISSIONER

**CITY OF HAMMOND
INSPECTIONS DEPARTMENT**

5925 Calumet Avenue, Hammond, IN 46320 Phone (219) 853-6316 Fax: (219) 853-6456

Vacant Property Registration Form
Registration Fee: \$300.00

Property Information:

Property Address: _____

Parcel Number: _____ - _____ - _____ - _____ - _____ - _____

Occupancy Class: **Residential:** _____ # of Units: _____ **Residential Multi-Unit Complex** _____

of Units: _____ **Commercial:** _____ # of Units: _____ **Industrial** _____ **Other** _____

Date Property Became Vacant: _____ / _____ / 20_____

Owner Information:

Owner Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (_____) _____ - _____ Email: _____

Property Manager Information: (If Applicable)

Property Insurance Information:

Management Company: _____ Insurance Company: _____

Contact Name: _____ Policy Number: _____

Address: _____

City/State/Zip: _____

Phone Number: (_____) _____ - _____ Email: _____

Future Plan for Property/Occupancy: _____

*Properties are required to be registered by October 1st of each year a vacancy exceeding 90 days exists or confirmed to meet other criteria outlined in Hammond City Code §150.072 requiring registration.

Signature

Date