



City of New Castle
Public Services Department
Vacant Property Registration Form

Entire form must be filled out completely and accurately to be accepted. Mail to Vacant Registrations, Public Services Department, 220 Delaware Street, New Castle, DE 19720-3639

Date: _____

Vacant Property Address(es): _____ Tax Parcel Number(s): _____

Date(s) Vacancy began: _____

Owners Name*: _____

Owners Daytime Phone # _____

Owners Work Phone #: _____

Owners Date of Birth: _____

Owners Mailing Address: _____
(P. O. Boxes are not acceptable.)

If owner is a corporation or other form of business entity, please provide:

Name of Principal of the Corporation: _____

Resident Agent's Name: _____

Resident Agent's Address: _____

(Must be an individual who will accept service of process on behalf of the corporation. P. O. Boxes are not acceptable.)

STATE OF _____)
COUNTY OF _____) ss.
Signature Date

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and upon his (her) oath acknowledged to me that he(she) executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS ____ DAY OF _____ 20__.

(Seal)

Signature of Notarial Officer

Title and Rank

(*See D other side)

My Commission Expires: _____

If an owner fails to return this registration form for all their vacant properties, fails to amend the registration statement, if applicable, or fails pay the registration fee, the City of New Castle may institute criminal proceedings against the owner of the property. An owner is subject to I potential fine of up to \$500.00. Unpaid registration fees will constitute a lien against the vacant property.

Please call the Pubic Services Department regarding any questions you may have about the completion and/or submittal of this form at (302) 322-9801.

- A. If the owner is a corporation the registration statement shall provide the names and residence addresses of all officers and directors of the corporation and shall be accompanied by a copy of the most recent annual franchise tax report filed with the secretary of state.
- B. If an estate, the name and business address of the executor of the estate;
- C. If a trust, the name and address of all trustees, grantors and beneficiaries;
- D. *If a partnership, the names and residence addresses of all partners with an interest of ten percent or greater;
- E. If any other form of unincorporated association, the names and residence addresses of all principals with an interest of ten percent or greater;
- F. If an individual person, the name and residence address of that individual person.