



Department of Inspectional Services
Worcester, Massachusetts

**ABANDONED and/or FORECLOSED
PROPERTY REGISTRATION FORM**

John R. Kelly,
Commissioner

Amanda M. Wilson, Director
Housing/Health Inspections

DATE: _____

PROPERTY ADDRESS: _____

CURRENT OWNER:
COMPANY NAME: _____
CONTACT PERSON: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

SERVICING BANK
COMPANY NAME: _____
CONTACT PERSON: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

REALTOR/REO
COMPANY NAME: _____
CONTACT PERSON: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

LOCAL EMERGENCY CONTACT
COMPANY NAME: _____
CONTACT PERSON: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

PROPERTY MUST REMAIN SECURED FROM UNAUTHORIZED ENTRY AT ALL TIMES

PROPERTY DETAILS

PROPERTY ADDRESS _____

Of UNITS OWNED: _____ # OF UNITS IN BUILDING _____

BOARDED	YES	NO	DATE:	_____
GAS SERVICE	ON	OFF	DATE:	_____
ELECTRICAL SERVICE	ON	OFF	DATE:	_____
WATER	ON	OFF	DATE:	_____
WINTERIZED	YES	NO	DATE:	_____
FIRE ALARM/SPRINKLER	YES	NO		
SWIMMING POOL	YES	NO	DRAINED	COVERED

REQUIRED REGULAR MAINTENANCE:

UNREG. VEHICLES	YES	NO		
TRASH REMOVAL	YES	NO	DATE:	_____
GRASS CUTTING	YES	NO	DATE:	_____
SNOW REMOVAL	YES	NO	DATE:	_____

CONTENT OF PROPERTY:

PLAN FOR PROPERTY:

-----OFFICIAL USE ONLY-----

Last Date of Inspection: _____ Violations on file: YES NO DATE: _____

Conditions Reported: _____ Fee Required YES NO Amount _____

PROPERTY MUST REMAIN SECURED FROM UNAUTHORIZED ENTRY AT ALL TIMES