

City of Revere  
Department of Municipal Inspections

**VACANT BUILDING REGISTRATION FORM**

Date: \_\_\_\_\_

Vacant Building Address: \_\_\_\_\_

Map: \_\_\_\_\_ Block \_\_\_\_\_ Parcel \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner's Telephone Number: \_\_\_\_\_

Property Owner's Mailing Address: *(P.O. Boxes are not acceptable)*

\_\_\_\_\_

If Property Owner is a Corporation, please provide:

Name of Principal of Corporation: \_\_\_\_\_

**AUTHORIZED AGENT\*:**

The Undersigned states under the penalties of perjury that he/she is an Authorized Agent pursuant to the City of Revere's Ordinance 8.05.030. Please see Ordinance 8.05.30 for additional information.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*Must be an individual who will accept service of process on behalf of the corporation.*