



FOR OFFICE USE ONLY: Deregistration Notice Received (___/___/___)

**DE-REGISTRATION VACANT/DEFAULT of MORTGAGE RESIDENTIAL PROPERTY
MIDDLE TOWNSHIP NJ**

DE-REGISTRATION

CHANGE SERVICE VENDOR INFORMATION

Address of Subject Dwelling: _____ City _____ State _____ Zip _____
Block: _____ Lot: _____

Property Owner Name _____

Property Owner Primary Address _____

*****IMPORTANT*****
FOR A PROPERTY TO BE OFFICIALLY DE-REGISTERED, ALL REQUIRED INFORMATION MUST BE COMPLETED AS THE SUBMITTED DOCUMENTATION WILL BE VERIFIED AND PROPERTY WILL BE INSPECTED TO ASCERTAIN COMPLIANCE WITH MIDDLE TOWNSHIP NJ ORDINANCE 1539-17
[Send completed form & documentation directly to John@PreferredNeighborhoodSolutions.com](mailto:John@PreferredNeighborhoodSolutions.com)

REASON FOR DE-REGISTRATION (Check Appropriate Box Below):

LIS PENDENS has been DISCHARGED (provide supporting discharge documentation) DATE DISCHARGED (___/___/___)

PROPERTY has been CONVEYED TO ANOTHER LENDER

New Lender Name _____
Lender Address _____ Telephone # _____

PROPERTY CONVEYED to New Service Vendor (Current Vendor) _____
New Vendor _____ Contact Info _____

PROPERTY has been CONVEYED "BACK TO" LENDER (Name) _____

PROPERTY has been CONVEYED "BACK TO" GOVERNMENTAL AGENCY (indicate which agency below)

HUD FANNIE MAE FREDDIE MAC OTHER _____

PROPERTY has been SOLD TO A "THIRD PARTY" (please provide supporting sale documentation)

Name of Purchaser _____ Date of Purchase _____

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO PROMPTLY ADVISE PREFERRED NEIGHBORHOOD SOLUTIONS, LLC ACTING ON BEHALF OF TOWNSHIP OF MIDDLE, CAPE MAY COUNTY, NEW JERSEY SHOULD ANY INFORMATION CHANGE FROM THAT WHICH WAS ORIGINALLY SUBMITTED ON THIS FORM. I UNDERSTAND THAT ERRONEOUS, MISLEADING OR FALSE INFORMATION, AS WELL AS, ANY WILLFUL MISSTATEMENTS OF MATERIAL FACT, MAY BE GROUNDS FOR FINES, LEINS, ENFORCEMENT PENALTIES PLACED ON THE PROPERTY UNDER THE "VIOLATIONS" SECTION OF THE VACANT PROPERTY REGISTRATION ORDINANCE.

De-Registering Agent Signature _____

Service Vendor Company Name _____

Date _____