

City of Marlborough



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Registration Application of
Vacant – Foreclosing - Foreclosed Properties

Section 1 – Property Information

Property:

Unit: _____ Year Built: _____ Occupied: _____

Type: _____ (Is the property vacant or in foreclosure?)

Inspection: _____ (Date the property was last inspected)

Section 2 – Bank/Ownership Information

Company: _____

Name: _____
First Last

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate: _____

Emergency Phone: _____

Email: _____ Confirm: _____

Section 3 – Management Information

(Please note that the management company MUST be a local company or the application will be rejected!)

Company: _____

Name: _____
First Last

Address: _____

City: _____ State: MA Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____ Confirm: _____

O – By checking here I acknowledge that the information provided is accurate and correct. I also understand that any inaccurate information will result in non-compliance with the City ordinance.

Signature: _____ Date: _____