

## Annual Report Form

Name of person preparing form: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

Name of Project: \_\_\_\_\_

### PHYSICAL CONDITION

1. Briefly describe all maintenance performed to the property in the past year, including housekeeping (if the Easement covers one of more structures), grounds keeping (if the Easement covers landscape features), and routine maintenance.
2. Is the maintenance described above based on a formal maintenance plan for the property?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Submit a minimum of 12 photographs depicting the property features protected by the easement. Photograph prints should be at least 3" x 5". The same pictures must also be presented on a CD using the attached photo submission format.
4. Briefly describe projects for which Grantor sought County authorization in the past year. Provide dates of Request for Approval Form(s) and County authorization letter(s).
5. If prior authorization was not sought for a project started during the past year, or if a project is planned for the upcoming year, submit a Request for Approval Form and the required supporting documentation.

### PUBLIC ACCESS

State the days and hours the property was open to the public during the past year. Submit copies of announcements, public notices and other materials used to publicize the openings.

## **USE**

Has the use of the property as indicated in the Easement changed over the past twelve months?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

## **CONVEYANCE**

1. Has the ownership of the property changed in the past twelve months? Yes\_\_\_\_ No \_\_\_\_

If yes, provide name(s), address(es) and telephone number(s) of new owners below.

2. Is the property or will the property be for sale within the next twelve months?

Yes\_\_\_\_ No\_\_\_\_

If yes, provide name(s), address(es) and telephone number(s) of potential transferees below.

## **COMPLIANCE WITH INSURANCE REQUIREMENTS**

Submit copies of receipts for payment of liability and fire insurance premiums, or documentation of self-insurance.

By signing below, I certify that the above statements are true to the best of my knowledge:

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

Title: \_\_\_\_\_

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

Mail this form with supporting documentation to:

Morris County Historic Preservation Trust Fund  
Morris County Dept. of Planning & Public Works  
P.O. Box 900, Morristown, NJ 07963-0900