

VACANT OR FORECLOSED STRUCTURE
REGISTRATION FORM

___ NEW ___ RENEWAL ___ UPDATE
\$0.25 PER SQUARE FOOT YEARLY FEE



PROPERTY INFORMATION

STREET ADDRESS: _____

PROPERTY TAX ID # _____

DEED BOOK _____ PAGE _____

LOCAL PROPERTY MANAGEMENT INFORMATION

LOCAL INDIVIDUAL OR LOCAL PROPERTY MANAGEMENT CO: _____

CONTACT

NAME: _____ PHONE: _____

ADDRESS: _____

24-HOUR CONTACT PHONE NUMBER: _____

USE ABOVE CONTACT FOR REGISTRATION INSPECTION: _____ YES _____ NO
(IF NO, PROVIDE NAME AND PHONE NUMBER FOR CONTACT BELOW)

NAME: _____ PHONE: _____

PROPERTY OWNER INFORMATION
(OWNER, LENDER, MORTGAGEE, OR CREDITOR)

OWNER NAME: _____

PHONE : _____ CELL PHONE: _____ FAX: _____

EMAIL: _____

MAILING ADDRESS: _____

24-HOUR CONTACT PHONE NUMBER: _____

ACKNOWLEDGEMENTS

REGISTRANT ACKNOWLEDGES THAT ANY CHANGE TO THE ABOVE INFORMATION REGARDING THE PROPERTY, AGENT, OR OWNER MUST BE SUBMITTED WITHIN 30 DAYS OF THE CHANGE. REGISTRANT ACKNOWLEDGES THAT THE PROPERTY MUST BE PROPERLY MAINTAINED IN ACCORDANCE WITH REQUIREMENTS SET FORTH IN THE VACANT BUILDING ORDINANCE.

SIGNATURE

DATE