VACANT OR FORECLOSED STRUCTURE REGISTRATION FORM	
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	