

**FORECLOSED OR VACANT PROPERTY
REGISTRATION FORM**

Review Local Government Instructions Before Completing



COUNTY: _____

TAX PARCEL #: _____

THIS PROPERTY IS CURRENTLY VACANT (Yes/No): _____

If this form is submitted to update a prior registration, the county and tax parcel # must be entered above, the new information entered below, and "YES" entered here: _____

If this property has now been re-conveyed, enter date: _____

PROPERTY INFORMATION

Street Address: _____

City: _____

Zip Code: _____

Conveyance Document: _____

Deed Book: _____

Page: _____

AGENT INFORMATION (Agent for Property Owner)

Agent Business Name: _____

No Business Name:

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Phone 1: _____

Phone 2: _____

Fax: _____

Email: _____

Street Address (No PO Box) _____

Street: _____

Unit #: _____

City: _____

Zip Code: _____

Mailing Address: _____

Street Address: _____

PROPERTY OWNER INFORMATION (Owner, Lender, Mortgagee, or Creditor)

Business Name: _____

Title: _____

No Business Name:

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Phone 1: _____

Phone 2: _____

Fax: _____

Email: _____

OWNER MAILING ADDRESS

Street: _____

City: _____

State/Province: _____

Country: _____

Zip Code: _____

OWNER STREET ADDRESS (No PO Box)

Street: _____

City: _____

State/Province: _____

Country: _____

Zip Code: _____

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 has obtained and read the local government's instructions pertinent to this form.

Print Name: _____

Signature: _____

Name entered here on electronic form acts as digital signature.

Date Form Submitted: _____

Phone #: _____

This form to be filed with local government by mail, email, or delivery per instructions.

Revision: August 2015