

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM

Review Local Government Instructions Before Completing

COUNTY: _____

TAX PARCEL #: _____

THIS PROPERTY IS CURRENTLY VACANT (y/n): _____

*IF THIS FORM IS SUBMITTED TO UPDATE A PRIOR REGISTRATION, THE COUNTY AND TAX ID# MUST BE ENTERED ABOVE, AND THE NEW INFORMATION INPUT BELOW-- AND ENTER "YES" HERE :
IF THIS PROPERTY HAS NOW BEEN RE-CONVEYED, Enter DATE :*

PROPERTY INFORMATION

This Space For Government Use Only.

Street Address: _____			
City: _____	Zip Code: _____		
Conveyance Document: _____	Deed Book: _____	Page: _____	

AGENT INFORMATION (Agent for Property Owner)

Agent Bus. Name: _____			No Bus. Name
First Name	Middle Name	Last Name	Suffix
_____	_____	_____	_____
Phone 1	Phone 2	Fax	Email
_____	_____	_____	_____
Street Add -No PO Box		Street	Unit#
Mail Address: _____		City	Zip
Street Address: _____		_____	_____

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

Bus. Name: _____			Title: _____	No Bus. Name
First Name	Middle Name	Last Name	Suffix	
_____	_____	_____	_____	
Phone 1	Phone 2	Fax	Email	
_____	_____	_____	_____	

OWNER MAILING ADDRESS			OWNER STREET ADDRESS (no PO Box)		
_____			_____		
CITY			CITY		
_____			_____		
STATE/PROVINCE	COUNTRY	ZIP CODE	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.

DATE THIS FORM SUBMITTED: _____ **PRINT NAME:** _____

SIGNATURE: _____ **PHONE #:** _____

(Name entered here on electronic form acts as digital signature.)