

FORECLOSED, VACANT OR RENTAL PROPERTY

REGISTRATION FORM

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

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# City Zip

Mail Address: _____

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: _____

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

PHONE #: _____

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

RETURN TO:

City of Hampton

P.O. Box 400

Hampton, Ga. 30228

Attn: Code Dept.

This Space For Government Use Only.