

**FORECLOSED OR VACANT 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: _____

RETURN TO:
 City of Hampton
 P.O. Box 400
 Hampton, Ga. 30228
 Attn: Code Dept.

This Space For Government Use Only.

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: _____ PHONE#: _____
 (Name entered here on electronic form acts as digital signature.)

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