

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:*

PROPERTY INFORMATION

Street Address: _____

City: _____

ZipCode: _____

Conveyance Document: _____

DeedBook: _____

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.