

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM

Review Local Government Instructions Before Completing



COUNTY:	
TAX PARCEL #:	
THIS PROPERTY IS CURRENTLY VACANT (y/n):	
<i>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 :</i>	
<i>IF THIS PROPERTY HAS NOW BEEN RE-CONVEYED, Enter DATE :</i>	

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
Mail Address:			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	STATE/PROVINCE	COUNTRY
ZIP CODE		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 #:
<small>(Name entered here on electronic form acts as digital signature.)</small>	