



ABANDONED/FORECLOSED PROPERTY REGISTRATION

Type of Property	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Foreclosed	Date of Initial Inspection _____
Type of Registration	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Updated

Property Information

Property Address _____
 Street City State Zip

Property ID # _____ Lis Pendens Information _____
 Book and Page Date

Mortgagee Information (REQUIRED)

Mortgagee _____

Mortgagee Address _____
 Street City State Zip

Mortgagee Contact Person _____

Telephone () _____ Email _____

Loan Servicer Information (If applicable)

Loan Servicer _____

Loan Servicer Address _____
 Street City State Zip

Loan Servicer Contact Person _____

Telephone () _____ Email _____

Local Property Management Information (REQUIRED)

Property Management Company _____
*Responsible for securing and maintenance of this property

Address _____
 Street City State Zip

Emergency Contact Person _____

Telephone () _____ Email _____

Is the property vacant? Yes No Verified by _____ Date Verified _____
 Please Print Name

Has property been posted with contact information? Verified by _____ Date Verified _____
 Please Print Name

By signing below, I hereby affirm that I am the individual that completed this document. I acknowledge that all information recorded on this document is true and accurate to the best of my ability. I understand that if this document contains errors or is incomplete, it will be returned, which will delay registration of this property. I further understand that any delay in registration could result in costs and fines being incurred.

Document completed by _____ Title _____
(Print Name)

Signature _____ Date _____

State of _____

County of _____

The foregoing instrument was acknowledged before me, the undersigned Notary Public, in and for the State of _____, on this _____ day of _____, 20 _____, by

_____, who is personally known to me or who has produced
(Print name)

_____ as identification.
(Type of identification produced)

WITNESS my hand and official seal: _____
Notary Public

INTERNAL USE ONLY

Date Received _____
<input type="checkbox"/> Check/Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Visa/Discover/MasterCard/American Express
Check # _____