Department of Planning & Community Development
2757 East Point Street East Point, GA 30344
404.669-4399, option 3 (Phone) permits@eastpointcity.org (Email) www.eastpointcity.org

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM

Review Local Government Instructions Before Completing
(Please circle one below)

New Registration **Renewal** **Amendment** **Removal**

PROPERTY INFORMATION / Type
(Please circle one below)

Single Family **Multi-family/Apartment** **Duplex/Triplex/Quad** **Commercial/Industrial**

TAX PARCEL NUMBER: _____

Street Address _____

City: _____ Zip Code: _____

Conveyance Document: _____ Deed Book: _____ Page: _____

AGENT INFORMATION
(Agent for Property Owner)

AGENT BUSINESS NAME: _____

First Name Middle Name Last Name Suffix

Phone 1 Phone 2 Fax Email

Mail Address Unit # City Zip

Street Address (No PO Box) Unit # City Zip

PROPERTY OWNER INFORMATION
(Owner, Lender, Mortgagee, or Creditor)

Business Name: _____ Title: _____ No Bus. Name

First Name | Middle Name | Last Name | Suffix

Phone 1 | Phone 2 | Fax | Email

Owner Mailing Address | City | Zip

State/Province | County | Zip

Owner Street Address (No PO Box) | City | Zip

State/Province | County | Zip

ACKNOWLEDGEMENTS
Registrant has obtained and read the local government's instructions pertinent to this form

I have read and understand the Vacant Property Registration Ordinance Division II, Part 7, Chapter 8 of the East Point Code of Ordinances.

All information provided is true and accurate. I understand that providing incorrect information or failure to register, amend, and/or renew registration for a vacant building constitutes a failure to comply with the provisions of Division II, Part 7, Chapter 8; and thereby, penalties may be imposed.

Date this form submitted _____

Print Name _____ Signature _____

Phone Number _____