



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 _____