

Abandoned Structure Registration Form

OWNER INFORMATION

Abandoned Structure Address: _____

Owner: _____

Date of Birth: _____

Telephone: _____ [of each owner]

*** Please attach proof of identification of each owner ***

AGENT/REPRESENTATIVE INFORMATION

Individuals authorized by the Owner to handle the affairs of the property, including, but not limited to real estate agents, rental managers, property maintenance personnel

Name: _____

Address: _____

Telephone: _____

Reason for Vacancy: _____

Name/Contact Information for the Mortgage Company: [If under foreclosure or deed in lieu of foreclosure has been provided] _____

Estimated time of vacancy: _____

Restoration/Timeline Schedule: _____

Fee: _____ Receipt #: _____ Date: _____

