

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 TAXID# 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>	

PROPERTY INFORMATION

This Space For Government Use Only.

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	Zip
Mail Address:					
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	ZIP CODE		STATE/PROVINCE	COUNTRY	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 #:

(Name entered here on electronic form acts as digital signature.)

This form to be filed with local government by mail, email, or delivery per instructions.