FORECLOSED OR VACANT PROPERTY
REGISTRATION FORM
Review Local Government Instructions Before Completing

AUBURN
GEORGIA - EST. 1892

City of Auburn
P O Drawer 1059
1369 Fourth Ave.
Auburn, GA 30011
770-963-4002

COUNTY:

TAX PARCEL #:

THIS PROPERTY IS CURRENTLY VACANT (y/n):

IF THIS FORM IS SUBMITTED TO UPDATE A PRIOR REGISTRATION, THE COUNTY AND TAX ID# MUST BE ENTERED ABOVE, AND THE NEW INFORMATION INPUT BELOW— AND ENTER "YES" HERE :

IF THIS PROPERTY HAS NOW BEEN RE-CONVEYED, Enter DATE :

PROPERTY INFORMATION

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:

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

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

DCA FVPR-1 6-2012