

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM

Review Local Government Instructions Before Completing

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

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

CITY

STATE/PROVINCE

COUNTRY

ZIP CODE

OWNER STREET ADDRESS (no PO Box)

CITY

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