

Date: _____

Address _____

**Abandoned or Foreclosed
Residential Property
Registration**

Lot # _____ (if applicable)

Owner Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Responsible Party: _____

Address: _____

City, State, Zip: _____

Phone: _____

FAX No: _____

E-Mail Address: _____

Signature: _____

(Owner/Applicant)

****ATTACH COPY OF DRIVERS LICENSE****