



Vacant Property Registration Application

OWNER NAME: _____

ADDRESS: (P.O. Box is not acceptable) _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ RESIDENCE PHONE: _____

PROPERTY MANAGEMENT FIRM: _____

CONTACT PERSON MANAGER: _____

ADDRESS: _____

TELEPHONE: _____ EMERGENCY PHONE: _____

TOTAL NUMBER OF RENTAL UNITS: _____

IF OWNER HAS MORE THAN ONE (1) VACANT UNIT, PLEASE LIST ADDRESS BELOW:

VACANT UNIT

NUMBER OF UNITS IN THE BUILDING

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

APPLICANT NAME PRINTED/TYPED

SIGNATURE

APPLICANT'S TITLE/POSITION

DATE

REGISTRATION FEE: \$300.00