



Foreclosed or Vacant Property Registration Form

Review Local Government Instructions Before Completing

- New Registration
 Renewal
 Amendment
 Removal

PROPERTY INFORMATION / Type

- Single Family
 Multi-family/Apartment
 Duplex/Triplex/Quad
 Commercial/Industrial

TAX PARCEL NUMBER: _____

Street Address _____

City: _____ Zip Code: _____

Conveyance Document: _____ Deed Book: _____ Page: _____

AGENT INFORMATION (Agent for Property Owner)

AGENT BUSINESS NAME: _____

First Name Middle Name Last Name Suffix

Phone 1 Phone 2 Fax Email

Mail Address Unit # City Zip

Street Address (No PO Box) Unit # City Zip

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Clean City Initiative: 50 Worst Properties Program Department

2757 East Point Street – 2nd Floor - East Point, Georgia 30344 | 404-270-7026 | www.eastpointcity.org



PROPERTY OWNER INFORMATION
(Owner, Lender, Mortgagee, or Creditor)

Business Name: _____ Title: _____ No Bus. Name

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Phone 1 _____ Phone 2 _____ Fax _____ Email _____

Owner Mailing Address _____ City _____ Zip _____

State/Province _____ County _____ Zip _____

Owner Street Address (No PO Box) _____ City _____ Zip _____

State/Province _____ County _____ Zip _____

ACKNOWLEDGEMENTS

Registrant has obtained and read the local government's instructions pertinent to this form

- I have read and understand the Vacant Property Registration Ordinance Division II, Part 7, Chapter 8 of the East Point Code of Ordinances.
- All information provided is true and accurate. I understand that providing incorrect information or failure to register, amend, and/or renew registration for a vacant building constitutes a failure to comply with the provisions of Division II, Part 7, Chapter 8; and thereby, penalties may be imposed.

Date this form submitted _____

Print Name _____ Signature _____

Phone Number _____

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