**FORECLOSED OR VACANT PROPERTY REGISTRATION FORM**

Review Local Government Instructions Before Completing
(Please circle one below)

<table>
<thead>
<tr>
<th>New Registration</th>
<th>Renewal</th>
<th>Amendment</th>
<th>Removal</th>
</tr>
</thead>
</table>

**PROPERTY INFORMATION / Type**
(Please circle one below)

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

**TAX PARCEL NUMBER:**

**Street Address:**

**City:**

**Zip Code:**

**Conveyance Document:**

**Deed Book:**

**Page:**

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**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**
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 ____________________________