



Department of Planning & Community Development

2757 East Point Street East Point, GA 30344

404.270.7212 (Phone)

404.765.2784 (Fax)

www.eastpointcity.org

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM

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

New Registration Renewal Amendment Removal

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:

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 _____