



R. 7/2024

ABANDONED/FORECLOSED PROPERTY REGISTRATION

Type of Property ☐ Abandoned ☐ Foreclosed **Date of Initial Inspection** _____
Type of Registration ☐ New ☐ Renewal ☐ Updated

Property Information

Property Address _____
Street City State Zip
Property ID # _____ **Lis Pendens Information** _____
Book and Page Date

Mortgagee Information (REQUIRED)

Mortgagee _____
Mortgagee Address _____
Street City State Zip
Mortgagee Contact Person _____
Telephone () _____ **Email** _____

Loan Servicer Information (If applicable)

Loan Servicer _____
Loan Servicer Address _____
Street City State Zip
Loan Servicer Contact Person _____
Telephone () _____ **Email** _____

Local Property Management Information (REQUIRED)

Property Management Company _____
*Responsible for securing and maintenance of this property
Address _____
Street City State Zip
Emergency Contact Person _____
Telephone () _____ **Email** _____

Is the property vacant? Yes ☐ No ☐ Verified by _____ Date Verified _____
Please Print Name
Has property been posted with contact information? ☐ ☐ Verified by _____ Date Verified _____
Please Print Name

By signing below, I hereby affirm that I am the individual that completed this document. I acknowledge that all

information recorded on this document is true and accurate to the best of my ability. I understand that if this document contains errors or is incomplete, it will be returned, which will delay registration of this property. I further understand that any delay in registration could result in costs and fines being incurred.

Document completed by _____ Title _____
(Print Name)

Signature _____ Date _____

State of _____

County of _____

The foregoing instrument was acknowledged before me, the undersigned Notary Public, in and for the State of _____, on this _____ day of _____, 20____, by _____, who is ☐ personally known to me or ☐ who has produced _____ as identification.
(Print name)

_____ as identification.
(Type of identification produced)

WITNESS my hand and official seal:

Notary Public

INTERNAL USE ONLY

Date Received _____
<input type="checkbox"/> Check/Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Visa/Discover/MasterCard/American Express
Check # _____