

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM CITY OF AVOCA, IA

Address: _____
 Parcel ID #: _____
THIS PROPERTY IS CURRENTLY VACANT (y/n): _____
*IS THIS FORM BEING SUBMITTED TO UPDATE A PRIOR REGISTRATION,
 THE ADDRESS AND TAX ID# MUST BE ENTERED ABOVE, AND THE NEW
 INFORMATION INPUT BELOW (y/n)* _____

This Space For Government Use Only.

Legal Descr.: _____
City: _____ **Zip Code:** _____
Conveyance Document: _____ **Deed Book:** _____ **Page:** _____

AGENT INFORMATION (Agent for Property Owner)

Agent Bus. Name: _____ **No Bus. Name** _____
First Name _____ **Middle Name** _____ **Last Name** _____ **Suffix** _____
Phone 1 _____ **Phone 2** _____ **Fax** _____ **Email** _____
Street Add -No PO Box _____ **Street** _____ **Unit#** _____ **City** _____ **Zip** _____
Mail Address: _____
Street Address: _____

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

Bus. Name: _____ **Title:** _____ **No Bus. Name** _____
First Name _____ **Middle Name** _____ **Last Name** _____ **Suffix** _____
Phone 1 _____ **Phone 2** _____ **Fax** _____ **Email** _____

OWNER MAILING ADDRESS			OWNER STREET ADDRESS (no PO Box)		
CITY			CITY		
STATE/PROVINCE	COUNTRY	ZIP CODE	STATE/PROVINCE	COUNTRY	ZIP CODE

ACKNOWLEDGEMENTS

REGISTRANT ACKNOWLEDGES THAT ANY CHANGE TO THE ABOVE INFORMATION REGARDING THE PROPERTY, AGENT, OR OWNER MUST BE SUBMITTED WITHIN 30 DAYS OF THE CHANGE.
 REGISTRANT HAS OBTAINED AND READ THE LOCAL GOVERNMENT'S INSTRUCTIONS PERTINENT TO THIS FORM.

DATE THIS FORM SUBMITTED: _____ **PRINT NAME:** _____
SIGNATURE: _____ **PHONE #:** _____
(Name entered here on electronic form acts as digital signature.)