

**VACANT / ABANDONED / FORECLOSED PROPERTY REGISTRATION FORM**

New       Update  
 Renewal       Deregistration

**1. PROPERTY INFORMATION**

Property Address: \_\_\_\_\_

Vacant/Unoccupied     Foreclosure (Vacant)     Foreclosure (Occupied)  
 Foreclosed (Vacant)     Foreclosed (Occupied)

APN: \_\_\_\_\_ Date of Default (Date of Notice): \_\_\_\_\_

Property Inspection Date: \_\_\_\_\_ Date Building Became Vacant/Unoccupied: \_\_\_\_\_

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**2. PROPERTY OWNER INFORMATION**

Name of Company/Legal Owner: \_\_\_\_\_

Address (Mailing Address): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**3. REGISTERED REPRESENTATIVE/AGENT**

Name of Registered Representative/Agent: \_\_\_\_\_

Address (Mailing Address): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**4. PROPERTY MAINTENANCE COMPANY INFORMATION**

Name of Maintenance Company: \_\_\_\_\_

Address (Mailing Address): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Authorized Agent of: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Checks Payable: City of Gallipolis**  
**333 Third Ave., P.O. Box 339**  
**Gallipolis, OH 45631**  
**Code Enforcement / 740-441-6022**

<b>Office use Only:</b> Date of Receipt: _____ Receipt Number: _____ Cost: _____
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