

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM CITY OF AVOCA, IA

Address:			
Parcel ID #:			
THIS PROPERTY IS CURRENTLY VACANT (y/n):			
<i>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)</i>			
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			STATE/PROVINCE			
COUNTRY			COUNTRY			
ZIP CODE			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.)		