



VACANT OR FORECLOSED PROPERTY REGISTRATION

Sec. 18-130 Short title; Sec 18-132 Scope; Sec. 18-134 Registration of vacant real property;
 Sec. 18-136 Registration Fee; Sec. 18-138 Removal from registry,

Mail: 3518 Broad Street, Chamblee, GA 30341
 Phone: (770) 986-5010

Remit: \$100.00 per property

This Space For Government Use Only.

Date Received: _____

Paid: _____

Type of property: _____

Case Number: _____

COUNTY: DeKalb	
TAX PARCEL #: _____	
THIS PROPERTY IS CURRENTLY VACANT: (Circle choice)	Yes/ No
IF THIS FORM IS SUBMITTED TO UPDATE A PRIOR REGISTRATION, THE COUNTY AND TAX ID# MUST BE ENTERED ABOVE, & THE NEW INFORMATION INPUT BELOW--- AND ENTER " YES" HERE:	
IF THIS PROPERTY HAS NOW BEEN RE-CONVEYED Enter DATE:	

PROPERTY INFORMATION

Street Address:	_____		
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 :	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 :	Phone 2	Fax	Email			
OWNER MAILING ADDRESS			OWNER STREET ADDRESS (NO BOX BOX)			
CITY			CITY			
STATE/PROVINCE	COUNTRY	ZIP CODE	STATE/PROVINCE	COUNTRY	ZIP CODE	

ACKNOWLEDGEMENTS

Registrant affirms that the information provided on this form is true and correct to the best of their knowledge. Registrant agrees that any changes to property, owner or agent will be submitted within 30 days. The undersigned acknowledges that the property will be maintained in a clean fashion, property will be properly secured, and the yard-maintained year-round. Failure to maintain property will result in notice of violation, citations and fines. **I understand that renewal is required annually. Removal from the registry must be submitted in writing.**

DATE THIS FORM SUBMITTED:	_____	PRINT NAME:	_____
SIGNATURE:	_____	PHONE #:	_____