

FORECLOSURE/BOND REGISTRATION FORM

FORECLOSURE PROPERTY INFORMAT	ION		
ADDRESS:	CITY:	STATE:	ZIP:
PARCEL NUMBER:			
OWNER/FORMER OWNER/ MORTGAGER: CURRENT ADDRESS:		OTT A TOTAL	
CURRENT ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		
MORTGAGEE/ENTITY FILING FORECLO			
NAME:			_
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT/REPRESENTATIVE:PHONE:	TAMAH		
PHONE:	EMAIL:		
FORECLOSURE FILING			
CASE NUMBER:FILING DA	ATE:	STATUS: OPEN	CLOSED
*PLEASE INCLUDE A COPY OF THE FORECLOSU	RE COMPLAINT	<u>—</u>	
VA CANIE DD OD	EODA - ===		
VACANT PROPERTY MAINTENANCE IN	FURMATION		
PERSON/ENTITY MAINTAINING PROPERTY: ADDRESS: PHONE:	CITY	CT ATE	710
PHONE:	CITY:	STATE:	ZIP:
1 11011L.	GISTRATION FEES		
SHOULD THE PROPERTY BECOME VACANT, THI THIS BOND SHALL BE RETAINED FOR ADMINIS' ADDITIONAL \$1,000.00 WILL BE RETAINED FOR ORDINANCE NO. 108-2015).	TRATIVE FEES (PER O	RDINANCE CHAPTER 13 ZET REINVESTMENT PRO	23) AND AN
FORECLOSURE PROPERTY REGISTRATION FEI	£ \$100.0	00	\$300.00
VACANT FORECLOSURE PROPERTY BOND	\$10,000	0.00	\$10,000.00
IN ACCORDANCE WITH THE CITY OF MASSILL	ON ORDINANCE CHA	PTER 1323, BY SIGNING	BELOW YOU:
• CERTIFY that the information provided above i	s accurate and ACDFI	E to notify the Code Offic i	ial of any undates
•	•	•	, ,
•CERTIFY that the property has been inspected	, ,	•	
•AGREE that once a vacant property is registered	d it will be inspected b	y a Code Official or their of	designee.
APPLICANT SIGNATURE	PRINTED NAME	DA'	ГЕ
CANDALIE COMPANIES HODAL AND			N) TO
SUBMIT COMPLETED FORM AND CODE ENFORCEMENT 151 LINCOLN W	•		,
FOR OFFICE USE ONLY PARCEL NUMBER	R:PAYMENT DATE:		
		NO.: AMOUNT	