


FORECLOSED OR VACANT PROPERTY REGISTRATION FORM **Review Garden City's Instructions Before Completing**				 G A R D E N C I T Y			
COUNTY: _____							
TAX PARCEL #: _____							
THIS PROPERTY IS CURRENTLY VACANT (Yes/No):		Yes					
If this form is submitted to update a prior registration, the county and tax parcel # must be entered above, the new information entered below, and "YES" entered 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 Business Name: _____				No Business Name: <input type="checkbox"/>			
First Name: _____		Middle Name: _____		Last Name: _____			
				Suffix: _____			
Phone 1: _____		Phone 2: _____		Fax: _____			
				Email: _____			
Street Address (No PO Box) _____		Street: _____		Unit #: _____			
Mailing Address: _____				City: _____			
Street Address: _____				Zip Code: _____			
PROPERTY OWNER INFORMATION (Owner, Lender, Mortgagee, or Creditor)							
Business Name: _____		Title: _____		No Business Name: <input type="checkbox"/>			
First Name: _____		Middle Name: _____		Last Name: _____			
				Suffix: _____			
Phone 1: _____		Phone 2: _____		Fax: _____			
				Email: _____			
OWNER MAILING ADDRESS			OWNER STREET ADDRESS (No PO Box)				
Street: _____			Street: _____				
City: _____			City: _____				
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 Garden City's instructions pertinent to this form.							
Print Name: _____			Signature: _____				
Name entered here on electronic form acts as digital signature.							
Date Form Submitted: _____			Phone #: _____				
This form to be filed with the City of Garden City's Planning Department by mail, email, or delivery per instructions. Call 912-963-2756 for assistance.							