

**LILBURN FORECLOSED OR VACANT PROPERTY
REGISTRATION FORM**



COUNTY: _____

TAX PARCEL #: _____

THIS PROPERTY IS CURRENTLY VACANT (y/n): _____

*IF THIS FORM IS SUBMITTED TO UPDATE A PRIOR REGISTRATION, THE COUNTY AND TAX ID# MUST BE ENTERED ABOVE, AND THE NEW INFORMATION INPUTE 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 Business Name: _____

First Name

Middle Name

Last Name

Suffix

Phone 1

Phone 2

Fax

Email

Street

Unit #

City

Zip Code

Mail Address: _____

Street Address: _____

PROPERTY OWNER INFORMATION (Owner, Lender, Mortgagee, or Creditor)

Business Name: _____

First Name

Middle Name

Last Name

Suffix

Phone 1

Phone 2

Fax

Email

OWNER MAILING ADDRESS

CITY

STATE/PROVINCE

COUNTRY

ZIP CODE

OWNER MAILING ADDRESS

CITY

STATE/PROVINCE

COUNTRY

ZIP CODE

ACKNOWLEDGEMENTS

REGISTRANT ACKNOWLEDGEMENTS 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 CITY OF LILBURN'S INSTRUCTIONS PERTINENT TO THIS FORM.

SIGNATURE: _____

(Name entered here on electronic form acts as digital signature.)

PRINT NAME: _____

DATE THIS FORM SUBMITTED: _____

PHONE NUMBER: _____

This form to be filed by mail or delivery in person with a payment of \$100 to The City of Lilburn.