

# FORECLOSED or VACANT PROPERTY REGISTRATION FORM

Hall County Government, Georgia



Government Use Only

Please complete all applicable fields below for both new and update submissions. Failure to complete all necessary fields may delay processing and require additional information requests. Note that only properties located in unincorporated Hall County are required under this program.

This Application Is:  NEW  UPDATE

Tax Parcel ID #: \_\_\_\_\_

Is This Property Currently Vacant?  YES  NO

If This Property Has Been Re-conveyed, Enter Date: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

## PROPERTY INFORMATION

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Conveyance Document: \_\_\_\_\_ Deed Book: \_\_\_\_\_ Deed Page: \_\_\_\_\_

## AGENT INFORMATION (Agent for Property Owner)

Agent's Business Name: \_\_\_\_\_  No Business Name

Agent's Name (First, Middle, Last): \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

Owner's Business Name & Title: \_\_\_\_\_  No Business Name

Owner's Name (First, Middle, Last): \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zipcode: \_\_\_\_\_

## ACKNOWLEDGEMENTS

By completing, signing and submitting this form, the Registrant hereby acknowledges that all information is true and accurate. Incorrect information may be subject to additional fines or penalties. Registrant also acknowledges they have read and understood the policies and procedures for the Hall County Foreclosure Registry program, and that any changes to this property's status must be reported within 30 days of such change.

Registrant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Registrant Printed Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

(Name entered above on electronic form constitutes an electronic signature for legal purposes)