



# FORECLOSED PROPERTY REGISTRATION FORM

Welcome to the City of Hamilton's Semi-Annual Foreclosed Property Registration Program, in accordance with Chapter 1707 of the City of Hamilton's Codified Ordinances. Within ten (10) business days of filing a foreclosure action on a residential property located within the City of Hamilton. A separate registration is required for each property under a Foreclosure Action, regardless of whether it is occupied or vacant.

Initial Registration       Renewal Registration       Updated Information

## FORECLOSED PROPERTY

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

Date of initial Foreclosure Filing: \_\_\_\_\_ Parcel Number(s): \_\_\_\_\_

Apartment or Unit Numbers: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

*No PO Boxes Permitted*

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security/Tax ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Statutory Agent of Corporation or Partnership: \_\_\_\_\_

## AUTHORIZED AGENT

*The authorized agent must be a resident of Butler County or a contiguous county who is authorized in writing by the owner to be responsible for the security and maintenance of the building and property, and has access at all times.*

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security/Tax ID #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## FEE SCHEDULE

*Mortgagees shall pay any required fees and maintain accurate registration information until the property is transferred to an unaffiliated third party. Please see chapter 1707 of the City of Hamilton's Codified Ordinances to review the full text of the ordinance which is available at <https://www.hamilton-oh.gov/vacant-property-registration>. The semi-annual fee is \$200 per property.*

*The mortgagee or agent of this building and undersigned does hereby certify that the information and statements given on the registration are to the best of his or her knowledge, true and correct.*

Applicant Name: \_\_\_\_\_

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