

# FORECLOSED OR VACANT PROPERTY REGISTRATION FORM

CITY OF ACWORTH, COBB COUNTY, GA



TAX PARCEL #: \_\_\_\_\_

THIS PROPERTY IS CURRENTLY VACANT (y/n) \_\_\_\_\_

(770) 974-2032 acworth-ga.gov

IF THIS FORM IS SUBMITTED TO UPDATE A PRIOR REGISTRATION,  
THE TAX ID# MUST BE ENTERED ABOVE, AND THE NEW INFORMATION

INPUT BELOW-- AND ENTER "YES" HERE: \_\_\_\_\_ VPR# \_\_\_\_\_

IF THIS PROPERTY HAS NOW BEEN RE-CONVEYED, Enter DATE: \_\_\_\_\_

This Space For Government Use Only.

## PROPERTY INFORMATION

Street Address:			
City:	Zip Code:		
Conveyance Document:	Deed Book:	Page:	
<b>AGENT INFORMATION (Agent for Property Owner)</b>			
Agent Bus. Name:	No Bus. Name		
First Name	Middle Name	Last Name	Suffix
Phone 1	Phone 2	Fax	Email
Street Add -No PO Box	Street	Unit#	City
Mail Address:			Zip
Street Address:			

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

Bus. Name:	Title:	No Bus. Name	
First Name	Middle Name	Last Name	Suffix
Phone 1	Phone 2	Fax	Email

### OWNER MAILING ADDRESS

### OWNER STREET ADDRESS (no PO Box)

CITY

CITY

STATE/PROVINCE

COUNTRY

ZIP CODE

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 THE LOCAL GOVERNMENT'S INSTRUCTIONS PERTINENT TO THIS FORM.

DATE THIS FORM SUBMITTED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

PHONE #: \_\_\_\_\_

I hereby attest to the truth and accuracy of the information contained herein. I grant permission to the City of Acworth's authorized staff to enter the property for inspection purposes. I acknowledge that I have read and am familiar with the requirements of Chapter 52 of the City's Code of Ordinances.