



ABANDONED/FORECLOSED PROPERTY REGISTRATION

Please fill out the information requested bellowed and deliver this form with payment to Town Hall or mail to Community Standards Division, 155 F Road, Loxahatchee Groves, FL 33470

Type of Property	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Foreclosed	Date of Initial Inspection	_____
Type of Registration	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Updated	

Property Information

Property Address _____
Street _____ City _____ State _____ Zip _____

Property ID # _____ Lis Pendens Information _____
Book and Page _____ Date _____

Mortgagee Information (REQUIRED)

Mortgagee _____

Mortgagee Address _____
Street _____ City _____ State _____ Zip _____

Mortgagee Contact Person _____

Telephone (_____) _____ Email _____

Loan Servicer Information (If applicable)

Loan Servicer _____

Loan Servicer Address _____
Street _____ City _____ State _____ Zip _____

Loan Servicer Contact Person _____

Telephone (_____) _____ Email _____

Local Property Management Information (REQUIRED)

Property Management Company _____

*Responsible for securing and maintenance of this property

Address _____
Street _____ City _____ State _____ Zip _____

Emergency Contact Person _____

Telephone (_____) _____ Email _____

Yes No

Is the property vacant?

Verified by _____

Please Print Name _____

Date Verified _____

Has property been posted
with contact information?

Verified by _____

Please Print Name _____

Date Verified _____

By signing below, I hereby affirm that I am the individual that completed this document. I acknowledge that all

information recorded on this document is true and accurate to the best of my ability. I understand that if this document contains errors or is incomplete, it will be returned, which will delay registration of this property. I further understand that any delay in registration could result in costs and fines being incurred.

Document completed by _____
(Print Name) _____ Title _____

Signature _____ Date _____

State of _____

County of _____

The foregoing instrument was acknowledged before me, the undersigned Notary Public, in and for the State of

_____, on this _____ day of _____, 20_____, by
_____, who is personally known to me or who has produced
(Print name) _____

as identification.

(Type of identification produced)

WITNESS my hand and official seal:

Notary Public

If paying for multiple addresses with one check, please make sure to attach the registration form for each property made payable to the Town of Loxahatchee Groves. Failure to register, renew after Oct 1 of each year, or provide updated information within ten (10) days of change may subject you to a fine.

INTERNAL USE ONLY

Date Received _____

Check/Money Order Cash Visa/Discover/MasterCard/American Express

Check # _____