



## **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** ☐ Abandoned ☐ Foreclosed **Date of Initial Inspection** \_\_\_\_\_  
**Type of Registration** ☐ New ☐ Renewal ☐ 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 \_\_\_\_\_

Is the property vacant? Yes ☐ No ☐ Verified by \_\_\_\_\_ Date Verified \_\_\_\_\_  
Please Print Name  
Has property been posted with contact information? ☐ ☐ Verified by \_\_\_\_\_ Date Verified \_\_\_\_\_  
Please Print Name

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 \_\_\_\_\_ Title \_\_\_\_\_  
(Print Name)

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 \_\_\_\_\_ as identification.  
(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 _____
<input type="checkbox"/> Check/Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Visa/Discover/MasterCard/American Express
Check # _____