



CITY OF CENTRAL POINT

VACANT RESIDENTIAL PROPERTY REGISTRATION FORM

www.centralpointoregon.gov

CPMC 8.40

PROPERTY INFORMATION

Property Address: _____

Map and Taxlot Number: _____

LENDER INFORMATION

Name of Lender: _____

Lender Address (NO PO Box): _____

Lender Contact Name and Phone: _____

Physical Address for Lender's Agent (if applicable): _____

LOCAL PROPERTY MANAGEMENT INFORMATION, IF APPLICABLE

Name of Property Management Company: _____

Property Manager Contact Name & Phone Number: _____

I, the undersigned, hereby affirm that I am duly authorized to act on behalf of all the ownership interests in the above-described property; that all information is true and correct; that all information herein will be updated within ten (10) days of any change; that any and all notices, including but not limited to legal service of process or citation, shall be sufficient if actually received and that failure to comply with all Central Point codes, rules and registration requirements is subject to citation.

Signature of Lender

Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

PD Approval: _____

Data Entered by: _____

Please return form to:
Central Point Police Department
Attn: Code Enforcement
155 S. 2nd Street
Central Point OR 97502
Fax: 541-664-2705