**CITY OF WARREN**
**VACANT/ABANDONED/FORECLOSED RESIDENTIAL PROPERTY REGISTRATION APPLICATION**

## Vacant/Abandoned/Foreclosed Property

Address: _____
(Number) (Street Name)

Parcel I.D. _____

## Title-Holder Information

Name: _____

Address: _____

City: _____ State:_____ Zip Code: _____

Primary Contact: _____ _____
(Name) (Title)

Phone Number: _____ Fax Number: _____

E-mail Address: _____

## Property Management Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____ _____
(Name) (Title)

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Signature: _____ Date: _____

Name: _____ Title: _____

**Return application and fees to:** City of Warren, Department of Property Maintenance Inspection
One City Square, Suite 315, Warren, MI 48093-2389