| City of Oswego - Vacant Building Registration form | | |
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| Property Information | | |
| Address: Zoning District: | | |
| Tax Map # : Description: | | |
| Owner Information | | |
| Owner: | | |
| Address: | | |
| City: State: Zip: | | |
| Phone: E-mail: | | |
|  | | |
| Owner: | | |
| Address: | | |
| City: State: Zip: | | |
| Phone: E-mail: | | |
| Property Manager / Emergency Contact | | |
| Name: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Insurance Information | | |
| Does property have fire insurance? Yes\_\_\_\_\_ No\_\_\_\_\_ | | |
| Insurance Company: Policy Number: | | |
| Phone: | Fax: |  |
| City: | State: | ZIP Code: |
| Vacancy Plan | | |
| Please describe your plan for the property: | | |
|  | | |
|  | | |
|  | | |
| Bank / Lien Holder Information | | |
| Name: Contact Person: | | |
| Address: | | |
| Phone: E-mail: | | |
| Signatures | | |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. | | |
| Signature of applicant: | | Date: |
| Signature of spouse (only if for a joint membership): | | Date: |