



City of Klamath Falls, Oregon

Vacant Property Registration Form

PROPERTY INFORMATION

PROPERTY ADDRESS:

MAP AND TAX LOT NUMBER:

LENDER INFORMATION

NAME OF LENDER:

LENDER ADDRESS (no PO Box):

LENDER CONTACT NAME & 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 #:

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 Klamath Falls codes, rules and registration requirements is subject to citation.

Signature of Lender

Date

DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

City of Klamath Falls, Oregon

Vacant Property Registration Form

Please return form to:

Klamath Falls Police Department
Attn: Code Enforcement
2501 Shasta Way
Klamath Falls, OR 97501
Fax: 541-883-5389

PD Approved

Date Entered