



P O Box 1130
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Vacant Building Registration

Vacant Building Address	_____
Applicant	<input type="checkbox"/> Property Owner <input type="checkbox"/> Registered Representative/Agent <input type="checkbox"/> Property Maintenance Company
Owner	Name _____ Phone _____ Email _____ Address _____
Registered Representative/ Agent	Company Name _____ Phone _____ Contact _____ Phone _____ Email _____ Address _____
Property Maintenance Company	Company Name _____ Phone _____ Contact _____ Phone _____ Email _____ Address _____
Building Type	<input type="checkbox"/> Residential Single Family <input type="checkbox"/> Residential Duplex <input type="checkbox"/> Multifamily <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial
Type	<input type="checkbox"/> New Registration <input type="checkbox"/> Renewal Registration <input type="checkbox"/> Registration Information Change
Description of the Existing Condition of the Property	_____ _____ _____ _____
Date Building Became Vacant	_____
	By signing and submitting this document you swear under penalty of perjury that the information contained is correct and agree to keep this registered property in compliance with City codes, specifically under Section 30-221 of the City of Oshkosh Regulations for Vacant Buildings. It is further understood that any violation(s) found on the registered property may be subject to civil action, abatement, administrative citation (fine), or any other legal remedy available to the City.

Name: _____ (Please print) Date: _____

Signature: _____