

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			
<p>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.</p>			
Name: _____ (Please print) Date: _____ Signature: _____			