| 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: |
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| 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: |