



Vacant Building Registration Form

Fort Madison Building Department
811 Avenue E • Fort Madison, IA 52627
(319) 372-7700

Date of Application: _____

PROPERTY INFORMATION

ADDRESS: _____

TAX PARCEL ID #: _____

PROPERTY TYPE: SINGLE-FAMILY MULTI-FAMILY COMMERCIAL
 OTHER _____

TYPE OF APPLICATION

NEW APPLICATION RENEWAL CHANGE IN OWNERSHIP
 AMENDED APPLICATION "SNOWBIRD" VOLUNTARY APPLICATION

PROPERTY OWNER

NAME: _____

CONTACT NAME (IF BUSINESS or LLC): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ EMERGENCY PHONE #: _____

EMAIL: _____

*The owner's name must be as it appears on Lee County Assessor's Records.

OWNER'S AUTHORIZED AGENT, PROPERTY MANAGER or LOCAL DESIGNEE SAME AS OWNER

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ EMERGENCY PHONE #: _____

EMAIL: _____

MORTGAGE LENDER'S ACCOUNT SERVICE REPRESENTATIVE(S)

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ EMERGENCY PHONE #: _____

EMAIL: _____

LIEN HOLDERS or OTHERS WITH LEGAL INTEREST *ATTACH ADDITIONAL SHEETS IF NECESSARY*

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE #: _____ EMERGENCY PHONE #: _____

EMAIL: _____

OFFICE USE ONLY	Date Received	Receipt #
	_____	_____

STATUS OF PROPERTY (check all that apply)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> FOR SALE/LEASE | Listing Date: _____ |
| <input type="checkbox"/> SALE/LEASE PENDING | Anticipated Closing Date: _____ |
| <input type="checkbox"/> RENOVATION | Start Date: _____ |
| | Anticipated Completion Date: _____ |
| <input type="checkbox"/> DEMOLITION | Contractor: _____ |
| | Anticipated Start Date: _____ |
| <input type="checkbox"/> SNOWBIRDS | Anticipated Months Gone: _____ |
| <input type="checkbox"/> OTHER | Please explain: _____ |
-

STATUS OF UTILITIES

WATER ON OFF ELECTRICITY ON OFF NATURAL GAS ON OFF N/A
WINTERIZED YES NO

Return paperwork and payment to:
City of Fort Madison Building Department, 811 Avenue E, Fort Madison, IA 52627

Make checks payable to: CITY OF FORT MADISON

LIST OF AUTHORIZED PERSONS ALLOWED TO BE ON THE PROPERTY

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
-

DISCLAIMER & SIGNATURE:

From the effective date of this notice, I authorize the Fort Madison Police Department (FMPD) to act as my agent for the purpose of enforcing Iowa's trespassing law in accordance with my above stated selection. I will cooperate with any prosecution. I understand my authorization is valid for a maximum period of twelve (12) months and it is my responsibility to renew it at that time if the need exists. I also understand that I may revoke authorization given to the FMPD at any time by notifying the FMPD in writing. I agree to hold the City of Fort Madison and the Fort Madison Police Department harmless from liability. My signature certifies that I have the legal authority to authorize the FMPD to enforce trespassing laws on the listed property. Further, for general authorizations: I certify that I have posted a NO TRESPASSING sign.

I hereby acknowledge that the information provided above is complete and accurate. I have read and understand Title 3, Building; Chapter 9, Vacant Building Registration of the Fort Madison City Ordinance and agree to comply with these requirements.

SIGNATURE

DATE

PRINT NAME