



Received Stamp

Vacant Building Registration Application

Date: _____ Address of Property: _____

PID: _____ Legal: Lot: ___ Block: _____ Subdivision: _____

OWNER INFORMATION

Name _____
First Middle Last

Owner's Address _____
(Not Property Address) Street City State Zip

Daytime Phone _____ Cell Phone: _____

E-mail Address: _____

LIEN HOLDERS INFORMATION

Name: _____

Address: _____
Street City State Zip

Phone Number: _____ Contact Person: _____

Date Property Vacant: _____ Expected Time to be Vacant: _____

REALTOR AND OR PROPERTY MANAGEMENT INFORMATION

Business Name: _____

Address: _____
Street City State Zip

Phone Number: _____ Contact Person: _____

E-mail Address: _____

*** If property is sold or transferred the City of Albertville must be notified and any required inspections must be completed**

\$100.00 Registration Fee Must Accompany Application

Make Checks Payable to: The City of Albertville
Mail to: P.O. Box 9
Albertville, MN 55301
Attn: Vacant Building Registration

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UTILITES

Utility Connection Status:

Gas On Off Date: _____ **Electricity** On Off Date: _____

Water On Off Date: _____ Comments: _____

Office Use Only:

Property Inspection: _____ By: _____

Finance:

Fee Paid On: _____ Fee Paid By: _____

Paid: Ck,Cash,CC Fee Assessed: _____ Date: _____

Comments: _____

Copied to:

Wright County Sheriff's Department: _____
Finance Director: _____
House File: _____

Bank/Owner: _____
City Attorney: _____
Other: _____