



"Heart of the Lakes"

CITY OF KEEGO HARBOR
APPLICATION FOR
ABANDONED RESIDENTIAL PROPERTY
CHANGE OF OWNERSHIP

TYPE OR PRINT APPLICATION

CAR-_____

ADDRESS OF ABANDONED PROPERTY: _____

NUMBER OF UNITS: _____ SINGLE FAMILY DWELLING: _____ MULTI-FAMILY DWELLING: _____

COMMERCIAL DWELLING: _____ SIDWELL NUMBER: _____

PREVIOUS OWNER'S NAME: _____

PREVIOUS CORPORATION NAME: _____

PREVIOUS OWNER'S ADDRESS: _____
Number and Street Name (**NO PO Box Numbers**) City State Zip Code

PREVIOUS OWNER'S MAILING ADDRESS: _____
(If different than above)

PREVIOUS AGENT PHONE: _____

PREVIOUS AGENT NAME: _____

PREVIOUS AGENT ADDRESS: _____
Number and Street Name (**NO PO Box Numbers**) City State Zip Code

PREVIOUS AGENT MAILING ADDRESS: _____
(If different than above)

PREVIOUS AGENT PHONE: _____

NEW OWNER'S NAME: _____

NEW OWNER'S ADDRESS: _____

NEW OWNER'S PHONE: _____ MOBILE: _____

NEW AGENT'S NAME: _____

NEW AGENT'S ADDRESS: _____

NEW AGENT'S PHONE: _____ MOBILE: _____

CHANGE EFFECTIVE DATE: _____

The undersigned hereby makes application for registration for compliance under City of Keego Harbor Abandoned Residential Property Registration and Maintenance, Code of Ordinance, Chapter V, Article 7(a). The applicant understands that such Certificate of Occupancy may be revoked as provided by law in case of violation of such law and the enforcing officials shall be permitted to inspect the dwelling listed herein. I hereby certify that this application contains a true and complete listing of the information requested herein. I agree to immediately notify the City of Keego Harbor of any changes to the information listed in this application. No fee required for change of ownership/agent on Abandoned Registration Properties.

Signature of Owner/Agent

Date