



Department of Planning & Community & Economic Development

Building Inspection Division

Madison Municipal Building, Suite 017

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REGISTRATION OF ABANDONED RESIDENTIAL PROPERTY IN FORECLOSURE*

Property address:

Last known owner's name:

Last known owner's address:

Last known owner's phone #:

Email:

Foreclosure commencement date:

Docket #:

Date of inspection to confirm property vacant:

Bank, lender, or financial institution:

Mailing address:

Contact person:

Phone number:

Email:

Local property manager:

Address:

Phone number:

Email:

Agent or servicing company authorized to conduct repairs/maintenance, if different from above:

Description of the existing condition of the property (attach additional sheet if necessary):

Is the structure on the property secured? yes no

If not secured, what attempts are being made to secure it?

Date:

FEE: \$250.00 (If paid within 5 working days after inspection)
\$300.00 (If paid 6 or more days after inspection)