



CASE NUMBER _____

**BANK OWNED, CORPORATE OWNED / VACANT PROPERTY
REGISTRATION APPLICATION**

In order to comply with the City of Tamarac’s Ordinance # **13-8 (i)**, please fill in the information requested and mail back to the address below. Be sure to include your payment of one hundred and fifty dollars **(\$150.00)** for **EACH** property you own. Mail application(s) with payment(s) to: 7525 NW 88TH, RM #205, Tamarac, FL 33321.

PROPERTY ADDRESS: _____

MORTGAGEE INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

LISTING AGENT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

PROPERTY MANAGEMENT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

OWNER INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

7525 NW 88TH AVE – Rm. #205- ■ Tamarac, Florida 33321-6200 ■ (954) 597-3425 ■ Fax (954) 597-3540 ■ www.tamarac.org

Equal Opportunity Employer

“Committed to Excellence.. Always.”