

CITY OF MIAMI
Vacant Property Registration

Check which of the following are you registering?

Vacant, Blighted, Unsecured or Abandoned Structure

Vacant Lot

Property Address: _____ Folio Number: _____

Owners Name: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner's email Address: _____

Owner's Business Number: _____ Owner's 24 Hr Emergency Number: _____

Responsible Party/Agent: _____ Email: _____

Bank/Financial Institution Contact Info: _____

Type of Structure: Residential Commercial

Is property owned by a corporation, Limited Partnership or LLC? If yes, you must complete the following:

Principle Officer or Managing Member: _____

24-Hour Contact Information: _____

I, _____, authorize the City of Miami and its agents to enforce trespassing violations or other unauthorized/unlawful activity on the premises. I certify that I am authorized to enter into such an agreement with the City of Miami.

Subscribed and sworn to before me in the county of _____, State of Florida, this _____ day of _____, 20_____.

(Notary's official signature)

(Commission expiration date)

NOTARY SEAL