

_____, 2012

Via Certified Mail-Return Receipt Requested

[Enter Address of Bank]

Re: Notice of Vacant & Foreclosed Real Property Registry Ordinance

Dear Sir/Madam:

On November 15, 2012, the City of Fairburn, Georgia ("City") adopted an ordinance to establish a City registry for vacant and foreclosed residential and commercial properties ("Ordinance"), pursuant to O.C.G.A. § 44-14-14. The Ordinance provides that all vacant and foreclosed real property, as defined in the Ordinance, shall be registered with the City. If you currently own any vacant or foreclosed real property, you must register the property with the City within 60 days from the date of this notice. A complete copy of the Ordinance, registration requirements, registration instructions, and a registration form can be found on the City's website at www.fairburn.com.

As authorized by the enabling state statute, the City has adopted a registration fee for each vacant and foreclosed property in the amount of \$100.00. This is a one-time fee for the applicable properties. Please note that the Ordinance applies only to the applicable properties located within the City's jurisdictional limits, which is otherwise identified as Fulton County Tax District 25. Not all properties located within the City's mailing zip code (30213) are subject to the City's registration requirement.

Please make all checks payable to the City of Fairburn. The registration fee and completed registration form shall be mailed to:

City of Fairburn
56 Malone Street
Fairburn, Georgia 30213
Attn: Rita Fernandes/Vacant & Foreclosure Registry

If you have any further inquiries, you may contact me at 770-964-2244, ext. 403 or by email at rita@fairburn.com.

Sincerely,

Rita Fernandes
City of Fairburn
Code Enforcement

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM

Review Local Government Instructions Before Completing

COUNTY:	
TAX PARCEL #:	
THIS PROPERTY IS CURRENTLY VACANT (y/n):	
<i>IF THIS FORM IS SUBMITTED TO UPDATE A PRIOR REGISTRATION, THE COUNTY AND TAX ID# MUST BE ENTERED ABOVE, AND THE NEW INFORMATION INPUT BELOW--- AND ENTER "YES" HERE :</i>	
<i>IF THIS PROPERTY HAS NOW BEEN RE-CONVEYED, Enter DATE :</i>	

PROPERTY INFORMATION

This Space For Government Use Only.

Street Address:			
City:	Zip Code:		
Conveyance Document:	Deed Book:	Page:	

AGENT INFORMATION (Agent for Property Owner)

Agent Bus. Name:			No Bus. Name
First Name	Middle Name	Last Name	Suffix
Phone 1	Phone 2	Fax	Email
Street Add - No PO Box		Street	Unit#
Mail Address:		City	Zip
Street Address:			

PROPERTY OWNER INFORMATION (Owner, Lender, Mortgagee, or Creditor)

Bus. Name:			Title:	No Bus. Name
First Name	Middle Name	Last Name	Suffix	
Phone 1	Phone 2	Fax	Email	
OWNER MAILING ADDRESS			OWNER STREET ADDRESS (no PO Box)	
CITY			CITY	
STATE/PROVINCE	COUNTRY	ZIP CODE	STATE/PROVINCE	COUNTRY

ACKNOWLEDGEMENTS

REGISTRANT ACKNOWLEDGES THAT ANY CHANGE TO THE ABOVE INFORMATION REGARDING THE PROPERTY, AGENT, OR OWNER MUST BE SUBMITTED WITHIN 30 DAYS OF THE CHANGE.
REGISTRANT HAS OBTAINED AND READ THE LOCAL GOVERNMENT'S INSTRUCTIONS PERTINENT TO THIS FORM.

DATE THIS FORM SUBMITTED:	PRINT NAME:
SIGNATURE:	PHONE #:
(Name entered here on electronic form acts as digital signature.)	

This form to be filed with local government by mail, email, or delivery per instructions.