

_____, 20__

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: Sgt. Michael Lynch/Vacant & Foreclosure Registry

If you have any further inquiries, you may contact me at 770-964-2244. Ext 226 or by email at mlynch@fairburn.com.

Sincerely,

Sgt. Michael Lynch
Fairburn Police Department, Code Enforcement Division

CITY OF FAIRBURN

FORECLOSED OR VACANT PROPERTY REGISTRATION FORM

Review Local Government Instructions Before Completing

COUNTY: _____
TAX PARCEL #: _____
THIS PROPERTY IS CURRENTLY VACANT (y/n): _____
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 :
IF THIS PROPERTY HAS NOW BEEN RE-CONVEYED, Enter DATE : _____

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#	City
_____	_____	_____	Zip
Mail Address:	_____	_____	_____
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	ZIP CODE
_____	_____	_____	_____	_____	_____

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.