	CITY OF KEEGO HARBOR APPLICATION FOR ABANDONED RESIDENTIAL PROPERTY CHANGE OF OWNERSHIP
"Heart of the Lakes"	TYPE OR PRINT APPLICATION CAR
ADDRESS OF ABANDONED PROP	ERTY:
NUMBER OF UNITS:SINGLE	E FAMILY DWELLING:MULTI-FAMILY DWELLING:
COMMERCIAL DWELLING:	_ SIDWELL NUMBER:
PREVIOUS OWNER'S NAME:	
	:
PREVIOUS OWNER'S ADDRESS: $\frac{1}{2}$	Number and Street Name (<u>NO PO Box Numbers</u>) City State Zip Code
PREVIOUS OWNER'S MAILING A	DDRESS:
PREVIOUS AGENT PHONE:	
PREVIOUS AGENT NAME:	
PREVIOUS AGENT ADDRESS:	Number and Street Name (<u>NO PO Box Numbers</u>) City State Zip Code
PREVIOUS AGENT MAILING ADD	RESS: (If different than above)
PREVIOUS AGENT PHONE:	
NEW OWNER'S NAME:	
NEW OWNER'S PHONE:	MOBILE:
NEW AGENT'S NAME:	
NEW AGENT'S ADDRESS:	
NEW AGENT'S PHONE:	
CHANGE EFFECTIVE DATE:	

The undersigned hereby makes application for registration for compliance under City of Keego Harbor Abandoned Residential Property Registration and Maintenance, Code of Ordinance, Chapter 8, Article IX. The applicant understands that such Certificate of Occupancy may be revoked as provided by law in case of violation of such law and the enforcing officials shall be permitted to inspect the dwelling listed herein. I hereby certify that this application contains a true and complete listing of the information requested herein. I agree to immediately notify the City of Keego Harbor of any changes to the information listed in this application. No fee required for change of ownership/agent on Abandoned Registration Properties.

Signature of Owner/Agent

Date

Permit expires 1 year from date of issue, Permit Renewal fee is \$50.00