



City of South Milwaukee  
 2424 15<sup>th</sup> Avenue  
 South Milwaukee, WI 53172

Registration # \_\_\_\_\_

## VACANT BUILDING REGISTRATION

**New Registration**
                         
  **Renewal Registration**
                         
  **Information Change**

|   |  |   |
|---|--|---|
| Property Information: <input type="checkbox"/> Multi-Unit Residential/Commercial <input type="checkbox"/> Commercial  |  |   |
| Property Address:   |  |   |
| Current use of space:   |  |   |
| Intended future use of space:   |  |   |
| Gas:  | <input type="checkbox"/> Disconnected, date: | <input type="checkbox"/> In Working Order |
| Electrical Power:   | <input type="checkbox"/> Disconnected, date: | <input type="checkbox"/> In Working Order |
| Water:  | <input type="checkbox"/> Disconnected, date: | <input type="checkbox"/> In Working Order |
| <b>Property Management Contact Information</b>  |  |   |
| <small>(Agent(s) designated on behalf of owner(s) to accept legal processes and notices and to authorize repairs as required)</small>   |  |   |
| Property Management Agent Name:   |  |   |
| Address: (P.O. Box not accepted)  |  |   |
| Business Phone:   |  | Contact Phone:                            |
| Email:  |  |   |
| <b>Ownership Information</b> if different from Property Management  |  |   |
| Name:   |  |   |
| Address: (P.O. Box not accepted)  |  |   |
| Business Phone:   |  | Contact Phone:                            |
| Email:  |  |   |
| <b>Registration Information</b>   |  |   |
| <small>Owner must register within 90 days of vacancy, or 30 days after notification by a code enforcement officer, or within 30 days of a bank, lender, or other financial institution initiating foreclosure proceedings by filing a summons and complaint in Milwaukee County Circuit Court. The owner or mortgage lender/lien holder of a vacant property must register vacant property with the Engineering Department.</small> |  |   |
| <b>AFFIDAVIT</b>  |  |   |
| I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct   |  |   |
| Signature of Owner or Authorized Agent:   |  | Date:                                     |
| Print Name:   |  |   |
| <b>Return completed forms to:</b> City of South Milwaukee Attn: Building Inspection<br>2424 15 <sup>th</sup> Ave, South Milwaukee 53172 or email: <a href="mailto:inspectiondept@smwi.org">inspectiondept@smwi.org</a>  |  |   |
| <b>INTERNAL USE ONLY</b>  |  |   |
|   |  |   |