



CITY OF
CONYERS

Celebration of Community

REMOVAL FROM VACANT AND FORECLOSED PROPERTY LIST

Please remove the following property from the Vacant/Foreclosed Property Registry List:

Address of Property _____

Tax Parcel ID # _____

Date the Property was transferred/sold _____

Deed Book # _____ Page # _____

Previous Property Owner's Name _____

(This will be the entity that registered the property)

Property Owner's Phone (Office) _____

(Fax) _____

Property Owner's Mailing Address _____

Email Address _____

ACKNOWLEDGEMENTS

By signing this form the registrant affirms that all of the information provided in this form is true and correct to the best of their knowledge.

Signature of Owner or Agent (circle one)

Date Signed

Mail the completed form to the City of Conyers to: P O Drawer 1259, Conyers, GA 30012.

City will complete this section:

Date Received by the City of Conyers _____

Date the property was removed from the Vacant/Foreclosed Registration _____