

FORECLOSURE PROPERTY REGISTRATION

Required registration document for any foreclosed property

City of Peoria
Finance Department
Accounts Receivable
419 Fulton Street, Suite 403
Peoria, IL 61602



CUSTOMER #: _____ **FEES: \$300**

Submittal Date: _____

Phone: 309.494.8588

Website: www.peoriagov.org

Type of Property: Residential Commercial **County Lis Pendens Document Number:** _____

Property Address: _____ **Name of Legal Property Owner:** _____

Expected period of vacancy: _____ **Plans for property:** For Sale Rehab Other _____

An inspection was conducted within 10 days of filing and the property has been found to be: Vacant Occupied

BANK HEADQUARTERS or LEGAL OWNER INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Contact Name: _____
Phone: _____
Email: _____

SERVICING BANK INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Contact Name: _____
Phone: _____
Email: _____

PROPERTY MANAGEMENT (Req'd if owner is outside 45 mile radius)

Name: _____
Address: _____
City, State, Zip: _____
Contact Name: _____
Phone: _____
Email: _____

AUTHORIZATION AND CERTIFICATION

We, the undersigned, hereby certify and understand that:

- The information submitted in this application is an accurate representation of the facts on the date of the application.
- The registration must be renewed every 6 months.
- We the undersigned, hereby certify and understand that the above statements and information are correct and true and that any made herein may result in the imposition of penalties and/or administrative proceedings.
- We authorize our agent to act on our behalf as our registered agent. However, we understand that as the foreclosing (bank/servicing company) of this property, we will be responsible for the actions and/or inactions of the agent listed above.

Name: _____

Signature: _____

Date: _____