



**CITY OF POMPANO BEACH
DEPARTMENT OF DEVELOPMENT SERVICES**

100 West Atlantic Boulevard
Pompano Beach, FL 33060
Telephone Number (954)786-4665 Fax Number (954) 786-4666



REGISTRATION OF FORECLOSED PROPERTIES
*****Application must be complete in order to register*****

Property Type: Vacant Structure _____ Vacant Unit _____ Undeveloped Property _____

Address of Property being Registered: _____ Unit # _____

Tax Identification Number (Folio Number) _____

Subdivision: _____ Block: _____ Lot(s): _____
(If Acreage, attach legal description.)

Name of Mortgage Holder: _____

Address: _____ State _____ Zip code _____

Telephone Number: _____ Fax Number _____ Email _____

Contact Person _____ Telephone Number _____

Maintenance Company responsible for property _____
Must be a local company

Name of Contact Person for Maintenance Company _____

Telephone Number of Contact Person: _____ Email: _____

As required by Chapter 96 Section 96.58 (F) (3) the property has been posted with a minimum 8 inch by 10 inch notice giving the property management's name and a 24 hour contact telephone number.

Property posted on the _____ day of _____, 20____.

*****All areas of the application must be completed in order to register*****

FOR OFFICE USE ONLY

Received this _____ day of _____, 20____ by _____

Assigned Naviline Number _____

\$75.00 Registration Fee was paid on _____ day of _____ 20____

Comments: _____
