



Registration # _____

REGISTRATION FORM FOR: Properties with Mortgages in Default

Mail: City of Live Oak Code Enforcement - 101 White Ave. S.E. - Live Oak, FL 32064
Office: City Hall Annex - 416 Howard Street E - Live Oak, FL 32064
Phone: 386.362.2276 ofc. - 386.330.6507 fax

Type of Registration: New Renewal Reassignment

Date Stamp:

* **NOTE:** Ordinance NO. 1346 requires the registration of properties with mortgages in default by mortgagee creating an obligation to register, inspect, maintain, and secure properties with mortgages in default according to the maintenance and security standards set forth therein; any change in information required must be reported to the code compliance division within 10 days from the date of change. If the mortgagee who first registers the property assigns the mortgage in default to another, the mortgagee must notify the city of the assignment, the identity and contact information of the assignee. The assignee must re-register the property, pay the registration fee, designate a local agent and provide all the information required for registration.

An annual registration fee in the amount of \$100.00, per property, must be renewed each year and shall accompany the registration form(s).

THIS SECTION TO BE COMPLETED BY APPLICANT

Property Information: (Please print or type)

Property Address: _____
Street # City State Zip

Property ID/Tax Folio #: _____ Lis Pendens Recordation: _____
Book and Page date filed

Mortgagee Information:

Mortgagee/Assignee/Trustee/Owner Name: _____

Address: _____
Street # City State Zip

Telephone: _____ Fax: _____ Email: _____

Mortgagee Contact Person: _____ Cell Phone: _____

Telephone: _____ Fax: _____ Email: _____

Foreclosure Attorney Name: _____

Address: _____
Street # City State Zip

Telephone: _____ Fax: _____ Email: _____

Local Property Management Information (If Mortgagee is out of area or a Corporation, Limited Partnership or LLC):

Local Contact and/or Property Management Company Name: _____

Address: _____
Street # City State Zip

Telephone: _____ Fax: _____ Email: _____

24 Hour/Emergency Contact Name: _____ 24hr Phone: _____

Telephone: _____ Fax: _____ Email: _____