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 - 418 Howard Street E - Live Oak, FL 32064
Phone: 386.362.2275 ofc. - 386.330.6507 fax

Type of Registration: [ ] New [ ] Renewal [ ] Reassignment

* 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: ___________________________ City ___________________________ State ___________________________ Zip ___________________________

Property ID/Tax Folio #: ___________________________ Lis Pendens Recordation: ___________________________

Mortgagee Information:
Mortgagee/Assignee/Trustee/Owner Name: ___________________________

Address: ___________________________ City ___________________________ State ___________________________ Zip ___________________________

Telephone: ___________________________ Fax: ___________________________ Email: ___________________________

Mortgagee Contact Person: ___________________________ Cell Phone: ___________________________

Telephone: ___________________________ Fax: ___________________________ Email: ___________________________

Foreclosure Attorney Name: ___________________________

Address: ___________________________ 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: ___________________________ City ___________________________ State ___________________________ Zip ___________________________

Telephone: ___________________________ Fax: ___________________________ Email: ___________________________

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

Telephone: ___________________________ Fax: ___________________________ Email: ___________________________

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12/02/2013