



Vacant & Abandoned Property Registration

City of South Bend, Indiana

This form must be completed by the property owner or other responsible party.

If you need assistance, please call (574) 235-9486 or fax to (574) 235-7703.

Please print clearly.

Property Information

Address: _____
Number Street Name # of Units in Building

Owner's Information (Please include a copy of the most recently executed deed or sales disclosure form)

Full Name: _____

Address: _____
Number Street Name City State Zip Code

Phone Number: () E-mail Address: _____

Property Manager's Information (Owner must designate an individual if he/she **does not live** within 50 miles of the property.)

Full Name: _____

Address: _____
Number Street Name City State Zip Code

Phone Number: () E-mail Address: _____

Responsible Party's Information (Fill in if owner is a corporation, bank, mortgage company, land trust, or business entity.)

Full Name: _____

Address: _____
Number Street Name City State Zip Code

Phone Number: () E-mail Address: _____

Lien Holder/Interested Party Information (Fill in if you are not the owner but have an interest in the property)

Full Name: _____

Address: _____
Number Street Name City State Zip Code

PLEASE FLIP OVER TO COMPLETE FORM

Liability Insurance (Written evidence of an insurance policy or bond for the property is required according to the ordinance)

Insurance Policy Number: _____

Insurance Agent Name: _____

Insurance Agent Address: _____
Number Street Name City State Zip Code

Insurance Agent Telephone Number: _____

Property Plans

Estimated Date that Repairs Will Be Complete (Owner/Responsible party's plan made at Code Enforcement hearing that was incorporated in the administrative law judge's order): _____

Owner's Plan for Maintenance and Repair to the Property: _____

Annual Fee Structure

- Single Family Property (not more than 3 residential units) = **\$300** per property
- Multi-Family Property (more than 3 residential units or non-residentially zoned) =
 - **\$500** per property for the first year
 - **\$750** per property for the second year
 - **\$1,000** per property for the third+ years

I hereby certify that I have examined this Vacant & Abandoned Building Registration form and affirm under the penalties of perjury that the information on this form is true and accurate. I am aware that failure to provide adequate information or failure to maintain the property according to the South Bend Municipal Code Section 6-37.1 will subject the owner(s) of the registered building to fines.

Signature Printed Name Date