

CITY OF HILLSBORO VACANT STRUCTURE REGISTRATION CERTIFICATE

_____ Initial 6-month Registration _____ Renewal _____ month Registration

24-hour Emergency Contact #:				Date:	
VACANT STRUCTURE ADDRESS					
Vacant Structure Address:					
Type of Structure:	Residential 1 or 2 units	Residential 3+ units	Commercial, Manufacturing, Storage or any Nonresidential		
Parcel ID # (if known)					
Number of units within the building					
PROPERTY OWNER(S) INFORMATION					
Owner #1 Information					
Name or Business:					
Mailing Address:					
City:		State:		Zip Code:	
Home Ph.:		Mobile:			
Fax:		Email:			
Owner #2 Information					
Name or Business:					
Mailing Address:					
City:		State:		Zip Code:	
Home Ph.:		Mobile:			
Fax:		Email:			
Name of Person(s) Authorized to be present in the structure per Section 6-4-4:					
Name:		Phone #:			
Name:		Phone #:			
Name:		Phone #:			
Name:		Phone #:			
Name of Insurance Company (Required by Section 6-4-8)					
Name or Business:					
Mailing Address:					
City:		State:		Zip Code:	
Home Ph.:		Mobile:			
Fax:		Email:			
Proof of Insurance Attached (Required Liability Insurance)					
Type of Structure:				Minimum Liability Insurance Amount	
Residential properties of one or two units					
Residential Properties of three or more units					
Commercial, manufacturing, storage or any non-residential property					
Comments:					

