



City of Belleair Beach

444 Causeway Boulevard Belleair Beach, Florida 33786

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www.cityofbelleairbeach.com

NOTICE OF IMPENDING FORECLOSURE

DATE OF FORECLOSURE INITIATION

DATE OF 1ST MAINTENANCE CITATION

PROPERTY OWNER'S NAME

PROPERTY ADDRESS

MAILING ADDRESS:

PHONE NUMBER:

E-MAIL ADDRESS

FORECLOSING AGENTS NAME

MAILING ADDRESS

PHYSICAL ADDRESS

PHONE NUMBER

E-MAIL ADDRESS

HAS PROPERTY BEEN INSPECTED TO DETERMINE VACANCY? YES___ NO___
DATE___ BY_____

PROPERTY VACANT YES___ NO___

IF THE PROPERTY IS VACANT YOU MUST DESIGNATE AND RETAIN A LOCAL INDIVIDUAL OR PROPERTY MANAGEMENT COMPANY WHO WILL BE RESPONSIBLE FOR THE SECURITY AND MAINTENANCE RO THE PROPERTY.

INDIVIDUAL OR COMPANY NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

ALL PROPERTY REGISTRATIONS ARE VALID FOR ONE (1) CALENDAR YEAR. AN ANNUAL REGISTRATION FEE OF ONE HUNDRED DOLLARS (\$100.00) MUST ACCOMPANY THIS REGISTRATION FORM. SUBSEQUENT ANNUAL REGISTRATIONS AND FEES ARE DUE WITHIN THIRTY (30) DAYS OF THE EXPIRATION OF THE PREVIOUS REGISTRATION AND MUST CERTIFY WHETHER THE FORECLOSING AND/OR FORECLOSED PROPERTY REMAINS VACANT OR NOT.

NOTE: ONCE THE PROPERTY IS NO LONGER VACANT OR IS SOLD, THE OWNER MUST PROVIDE PROOF OF SALE OR WRITTEN NOTICE AND PROOF OF OCCUPANCE TO THE CITY MANAGER.

REGISTRATION FEE PAID YES___ NO___

DATE OF REGISTRATION _____

SIGNATURE OF OWNER OR AGENT _____

REGISTRATION RECEIVED BY _____
(print)

(signature) (date)