

**City of Jackson
Vacant Building/Property Registration Form**

Property Information

Property Address _____

Owner Information

Name _____

Address _____

Telephone _____ Office _____ Cell _____

Property Address _____ Map _____ Parcel _____

Property Management Information

Company Name _____

Address _____

Telephone _____ Office _____ Fax _____

Contact Person _____

Email _____ Hours of Operation _____

Emergency Contact Information

Name _____

Address _____

Telephone _____ Office _____ Cell _____

*****DO NOT WRITE BELOW THIS LINE*****
FOR OFFICE USE ONLY

LANDROLL DETAIL

Parcel Number _____ Map Reference Number _____

Location _____

Legal Description _____

Assessed Owner _____

Total Amount Due _____ Check Number _____ Invoice Number _____

Received By _____ Receipt Number _____