

**VILLAGE OF CASS CITY Registration of Vacant, Abandoned
and Foreclosed Property Affidavit**

Village Clerk's Office: 989.872.2911
6506 Main St., Cass City, MI, 48726

www.casscity.org

Instructions:

- **Complete a separate form for each location to be registered. Any future updates in mailing, contact, owner, controller, or agent information must be submitted directly to the Clerk's Office or Online within 30 days.**
- **Applications can be submitted by mail, fax, Online or in person. Make checks payable to: Village of Cass City**
- **If a controller or local agent is designated, a written authorization signed by the owner must accompany the application.**
- **A statement describing the expected period of vacancy, a detailed plan for regular maintenance, and a timeline of re-occupancy, rehabilitation or demolition must be provided with the initial application and with annual renewal.**
- **Renewal payments are due each year by December 30th; there is a 100% penalty for late payments.**
- **If the property has become occupied or has been sold, you must contact the Clerk's Office.**

Property Address:	Number of Units:
Owner Information Should reflect exact name(s) and owner(s) of the property	Lender Information: The name(s) of lender(s) and /or possessory lender(s) for the property.
Name(s) and Owner(s) 1. 2.	Lender Name: Individual representing business: (Lender Contact)
A mailing address is where mail may be sent that will be acknowledged as received by the owner. If certified mail/return receipt requested is sent to the address and the mail is returned marked "refused" or "unclaimed" or if ordinary mail sent to the address is returned for whatever reason, then such occurrence shall be prima facie proof that the owner has failed to comply with this requirement.	Address: State: Zip: Phone number: email:
Mailing address: City: Phone number: email:	Local Agent Information: The name of an individual or legal entity responsible of the care of the property. Such individual may be the owner, if the owner is an individual, or may be someone other than the owner with whom he/she has contracted.
Date of Birth: Drivers License No. : State:	Business Name: Individual Agent's Name: Address: State: Phone number: email:
Oath: I declare that the statements above are true to the best of my information, knowledge, and belief. Date: _____	
Signature	