



FORECLOSED PROPERTY REGISTRATION CITY OF PORT HURON, MICHIGAN

Property Address: _____ Tax I.D. Number: 74-06-_____

LENDING/MORTGAGE COMPANY/LIEN HOLDER INFORMATION

Name: _____

Mailing Address: _____
(For purpose of receiving all legal notices and correspondence)

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Fax Number: () _____

Point of Contact Name: _____ Telephone Number: () _____

Loan/Mortgage/Reference Number for Above Property: _____

PROPERTY MAINTENANCE/RESPONSIBLE REALTOR INFORMATION

Name: _____

Mailing Address: _____
(For purpose of receiving copies of legal notices and correspondence)

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Fax Number: () _____

Point of Contact Name: _____ Telephone Number: () _____

Loan/Mortgage/Reference Number for Above Property: _____

All information requested above must be provided within 10 calendar days from the date of filing for foreclosure per Section 10-251, Article VII, Chapter 10, of the Code of Ordinances for the City of Port Huron. Mail **completed** form to:

Planning Department/Inspection Division
City of Port Huron
100 McMorrان Boulevard
Port Huron, MI 48060
(810) 984-9733