



City of Fairborn Neighborhood Betterment * 44 W. Hebble Ave * Fairborn, Oh 45324
Telephone; (937) 754-3050 * Fax: (937) 879-7395

Abandoned Property Registration

Please fill out the required information below

Fee: \$100.00

New Registration

Renewal Registration

Property Information *(Please print or type)*

Property Address : _____
Street City State Zip

Check the box that applies:

Single family Multi-family Apartment Bldg Commercial

Foreclosing Entity Information *(Please print or type)*

Foreclosing entity name : _____

Address *(No P.O. Boxes)* : _____
Street City State Zip

Phone : _____ Fax : _____

E-mail : _____

Statutory Agent / Representative name : _____

Business Address : _____
Street City State Zip

Phone : _____ Fax : _____

Local contact and/or Maintenance Company Information *(Please print or type)*

Local contact name : _____

Address : _____
Street City State Zip

Phone : _____ Fax : _____

E-mail: _____

24 hour contact Phone : _____

****Both pages required for registration****



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Abandoned Property Registration Form

Registration Fee

A \$100.00 registration fee is to be paid at the time of registration. The fee and registration shall be valid for 12 months from the date of paid registration. Should the property remain vacant at the end of the 12 months, the property must be re-registered along with a \$100.00 registration fee. Make checks payable to the City of Fairborn.

Required Inspection

Within 20 days of registration an interior/exterior inspection must be scheduled with a City of Fairborn Code Official. A representative from the foreclosing entity or the local management company must be present during the interior inspection. Failure to schedule inspection shall result in legal action being taken by the City.

Once the registration has been received, an inspector will call to schedule an inspection.

Telephone or E-mail for contact: _____

Required Signature

Registration form completed by : _____
(Please print name)

Title/Relation to property : _____

Signature : _____ Date : _____

Office use only

Date received registration : _____

\$100 Registration Fee paid on _____, by _____, _____
(Date) (Method of payment) (Check # if applicable)

Registration and payment received by _____

Zoning _____

****Both pages required for registration****