

Real Estate Department, Real Estate Services: (907) 343-7534

FORECLOSURE PROPERTY REGISTRATION

Property Information:	Property Maintenance or Local Contact Info:
Parcel ID #: = = =	Company Name:
	Company Address:
Street Number & Street Name	Street Number & Street Name
АК	
City State Zip Code	City State Zip Code
Last Inspection Date:	Contact Person:
Inspection Comments:	Contact Phone #:
Occupied: 🗆 Yes If "Yes": Name & Phone:	
□ No If "No", is the property boarded u	up or secure: 🗆 Yes 🗆 No
Utilities: On Off If "Off" Which utiliti	ies: 🗆 Water 🗆 Gas 🗆 Electricity
Mortgagee Information:	
Lender/Lienholder:	Registered Agent:
Mailing Address of Registered Agent:	
Street Number & Street Nam	ne
Phone #	
City	State Zip
Fee Information: Per Anchorage Municipal Code § 15.05.170A, Mortgagees an Municipality of Anchorage along with a one-time fee of \$200	re required to report the commencement of foreclosure proceedings to the D.
Submitted By:	
Company: Perso	on Completing Form:
Phone Number: Email	l: @
I hereby certify that the information submitted in this form is an acc	curate representation of the facts on the date signed.
Signature	Date

Mail the completed form to: Real Estate Services Dept., Municipality of Anchorage, PO Box 196650, Anchorage, AK 99519-6650 Make checks payable to Municipality of Anchorage