



Community Development Department
Attn: Abandoned Property Registrations
Post Office Box 2277
Winter Haven, Florida 33883-2277
Telephone: 863-291-5697 Fax: 863-297-3090
Email: code@mywinterhaven.com
Website: www.mywinterhaven.com

ABANDONED PROPERTY REGISTRATION APPLICATION

Property Address: _____

Parcel ID#(s): _____

Legal Description: _____

Structure Status (check all that apply):

- _____ Condemned or immediate hazard
_____ Vacant and not secure for more than five (5) days
_____ Vacant and boarded for more than thirty (30) days
_____ Vacant and outstanding code violations for more than thirty (30) days
_____ Vacant and nuisance condition(s) cited within last 180 days

Mortgagee/Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Local Contact and/or Management Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

24 Hour/Emergency Contact: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Cell Phone: _____

Foreclosure Attorney: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Authorized Person(s) on Property: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Date of initial inspection: _____

Is the title of the property in the name of the mortgagor? Yes No

If no, title to the property (Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Is the property currently listed for sale with a Florida registered real estate brokerage firm or Florida licensed real estate agent? Yes No

Listing Agent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

It is the purpose and intent of the City to establish a process to address the amount of abandoned real property within the City. It is the City's further intent to specifically establish an abandoned property program as a mechanism to protect neighborhoods from becoming blighted through the lack of adequate maintenance and security of abandoned properties.

All violations of sections 12-91 through 12-97 shall be subject to prosecution and/or administrative enforcement as provided in the City of Winter Haven Code of Ordinances, including, but not limited to, sections 2-61 through 2-67 and sections 2-201 through 2-209.

Registration Form Completed By: *(please print)* _____

Title: _____

Applicant's Signature _____ Date _____

Daytime Telephone _____

State of _____

County of _____

The foregoing instrument was acknowledged before me, the undersigned Notary Public in and for the State of _____, on this, the _____ day of _____, 20____ by _____ (print name).

Witness my hand
and official seal

Notary Public

Commission Expires

Stamp/Seal

DO NOT WRITE BELOW THIS LINE

OFFICIAL USE ONLY	
Received by: _____	Date Received: _____
Fee Received: _____	Receipt No. _____
Method of Payment: _____	Check # (if applicable): _____
Date Entered: _____	Entered By: _____

STATEMENT OF INTENT

Will the structure be: Demolished Rehabbed Maintained

If this is a demolition, have you applied to the City for a demolition permit?

No Yes – Permit # _____

Demolition Contractor Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Planned Date of Demolition: _____

Describe expected period of vacancy, maintenance plan, scope of rehab and repair, schedule of completion, security measures, and list permits.

List of contractors not on permits:

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____