



**CITY OF COOPER CITY  
ABANDONED PROPERTY REGISTRATION FORM**

(Pursuant to Section 2 of Ordinance No. 09-4-2, City Code Chapter 13, Article VII)

**Complete ONE Registration Form per Property - RETURN THIS FORM WITH FEE**

Please fill out the information requested below and deliver this form, with your check, to our reception desk or mail to:

**City of Cooper City, Finance Dept., P.O. Box 290910, Cooper City, FL 33329-0910**

<b>Property Information:</b>	
Property Owner: _____	
Address: _____	
Assessor Parcel Number: _____	
Lis Pendens Recordation #: _____	
Foreclosure Case: _____	
Case #: _____	Court: _____
<b>(Note: Lis pendens, case and court information shall be provided, as and once applicable.)</b>	

<b>Lender/Lien Holder:</b> _____	Account #: _____
Contact: _____	Contact Phone: _____
Loan Number: _____	
Lender/Lien Holder Mailing Address: _____	

<b>Maintenance Agent:</b> _____	Business License #: _____
Contact Person: _____	24 Hour Phone: _____
Email: _____	
Maintenance Agent Mailing Address: _____	

<b>Legal Agent:</b> _____	Business License #: _____
Contact Person: _____	24 Hour Phone: _____
Email: _____	
Legal Agent Mailing Address: _____	

**Standard Annual Fee of \$50.00**

(Please check one):    **New** registration \_\_\_\_\_    **Renewal** registration \_\_\_\_\_

An annual registration fee shall accompany this registration form. The fee and registration shall be valid for the calendar year, or remaining portion of the calendar year, in which the registration was initially required. Subsequent registrations and fees are due January 1st of each year and must be received no later than January 31 of the year due. Registration fees will not be prorated.

I hereby certify that pursuant to Section 13-94 of the City of Cooper City Code of Ordinances, an inspection of the property identified above, which was conducted on \_\_\_\_\_, revealed that the property is vacant.  
Date

Registered By:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Telephone

**For city use only:**

Rcvd. by: \_\_\_\_\_

Fee paid: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_