



City of Brentwood Planning and Development Department

2348 S. Brentwood Blvd, Brentwood, MO 63144

phone 314-962-4800

RESIDENTIAL VACANT PROPERTY REGISTRATION FORM

The purpose of the City of Brentwood Residential Vacant Property Program is to help protect the health, safety and welfare of the citizens by preventing blight, protecting property values and neighborhood integrity avoiding the creation and maintenance of nuisance residential dwellings and buildings. A building or structure will be deemed vacant if the property is not legally or currently occupied. Vacant properties will be monitored for compliance with property maintenance and safety requirements. Residential structures that are vacant or will be vacant for a period greater than 6 months are subject to City Ordinance No. 4762

Property in violation of property maintenance and safety requirements will be subject to City Ordinance No. 4762 "Vacant Residential Property Registration"

PROPERTY ADDRESS
_____ Brentwood, MO 63144 []

Loan Companies ONLY House Vacant & Foreclosure Complete? Yes [] No []

PROPERTY OWNER
Name _____
Address _____
City _____ State _____ ZIP _____
Phone Number _____ E-MAIL Address _____

PROPERTY (MANAGER) OVERSIGHT
Name _____
Address _____
City _____ State _____ ZIP _____
Phone Number _____ E-MAIL Address _____

EMERGENCY CONTACT
Name _____ Phone Number _____ Alt. _____
Property Owner [] Property Manager [] Other []

UTILITY STATUS
Gas Service Disconnected [] Proper Working Order []
Electric Service Disconnected [] Proper Working Order []
Water Service Disconnected [] Proper Working Order []

Return completed form with payment of \$200.00 payable to:

City of Brentwood 2348 S. Brentwood Blvd Brentwood MO 63144

AUTHORIZATION

By signing and submitting this document, I am authorizing the City of Brentwood to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge and I am granting permission to the City of Brentwood authorized staff to access the exterior of the property for inspection purposes.

Office Use Only

SIGNATURE _____ PRINT _____ DATE _____ AMOUNT _____ RECEIPT# _____
DRIVERS LICENSE OR STATE ID# _____ DATE _____ CLERK _____

PROPERTY(MANAGER) OVERSIGHT

Name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone Number _____ E-MAIL Address _____

EMERGENCY CONTACT

Name _____ Phone Number _____ Alt. _____
 Property Owner Property Manager Other

UTILITY STATUS

Gas Service	Disconnected <input type="checkbox"/>	Proper Working Order <input type="checkbox"/>
Electric Service	Disconnected <input type="checkbox"/>	Proper Working Order <input type="checkbox"/>
Water Service	Disconnected <input type="checkbox"/>	Proper Working Order <input type="checkbox"/>

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