



City of Albertville
5959 Main Avenue NE • P.O. Box 9 • Albertville, MN 55301
Phone: 763-497-3384 • Fax: 763-497-3210

Received Stamp

Vacant Building Registration Application

Date: _____ Address of Property: _____

PID: _____ Legal: Lot _____ Block _____ Subdivision _____

OWNER INFORMATION

Name _____
 First Middle Last

Owner's Address _____
(Not Property Address) Street City State Zip

Daytime Phone () _____ Cell Phone: () _____

E-mail Address: _____

LIEN HOLDERS INFORMATION

Name: _____

Address: _____
 Street City State Zip

Phone Number: () _____ Contact Person: _____

Date Property Vacant: _____ Expected Time to be Vacant: _____

REALTOR AND OR PROPERTY MANAGEMENT INFORMATION

Business Name: _____

Address: _____
 Street City State Zip

Phone Number: () _____ Contact Person: _____

* If property is sold or transferred the City of Albertville must be notified and any required inspections must be completed

\$100 Registration Fee Must Accompany Application

Make Checks Payable to: The City of Albertville
Mail to: PO Box 9
 Albertville, MN 55301
 Attn: Vacant Building Registration

Received Stamp

UTILITES

Utility Disconnection Status:

Gas Date: _____

Electricity Date: _____

Water Date: _____

Office Use Only:

Property Inspection: _____ By: _____

Finance:

Fee Paid On: _____ Fee Paid By: _____

Paid: Ck,Cash,CC Fee Assessed: _____ Date: _____

Comments: _____

Copied to:

Wright County Sheriff's Department: _____
Finance Director: _____
House File: _____

Bank/Owner: _____
City Attorney: _____
Other: _____