



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

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**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: \_\_\_\_\_