

Date entered:__

Vacant Property No.:_____

VACANT PROPERTY REGISTRATION

St. Helens Municipal Code Section 8.14.030(8) <u>www.sthelensoregon.gov</u>

SUBJECT PROPERTY INFORMATION		
Physical Property Address:		, St. Helens, Oregon 97051
Columbia County Tax Lot No.:		
CONTACT INFORMATION		
Current Property Owner Name:		Cell Phone:
Current Property Owner Physical Ac	ldress:	
	dress:	
Lender Name:		Phone:
Lender Physical Address:		
Lender Mailing Address:		
Contact Person Email:		Cell Phone:
inspecting and protecting this proportine following information about this Contact Person Name: Contact Person Physical Address: Contact Person Mailing Address:	nate a person, <u>within 30 miles of the v</u> erty to standards set forth in the Code. 5 person:	The Code also requires you to supply Cell Phone:
above described property; that all within thirty (30) days of any cha process or citation, shall be sufficient	nat I am duly authorized to act on behalinformation is true and correct; that a nge; that any and all notices, includinent if actually received; and that failure ration requirements is subject to citation	Il information herein will be updated g but not limited to legal service of to comply with all City of St. Helens
Signature of Owner, Beneficiary, Application of Signature:	gent or Trustee Da	te Signed
Date received:	Please mail, email or fax completed	City of St. Helens/VPR Program

Please mail, email or fax completed registration form to the City.
For questions, please contact City
Recorder Kathy Payne at 503-366-8217 or kpayne@sthelensoregon.gov.

City of St. Helens/VPR Program
265 Strand Street
St. Helens, OR 97051
Email: kpayne@sthelensoregon.gov

Fax: 503-397-4016