

**VACANT PROPERTY REGISTRATION FORM**

Community Development Initiative • City of Madison  
225 Main St. • Madison, KS 66860  
(620) 437-2556 • Fax (620) 437-2307 • E-mail madisoncityof@gmail.com

**PROPERTY INFORMATION:**

ADDRESS OF VACANT PROPERTY: \_\_\_\_\_

PARCEL'S TAX IDENTIFICATION NUMBER (SEE REAL ESTATE TAX STATEMENT): \_\_\_\_\_

PROPERTY TYPE:     SINGLE FAMILY     MULTIPLE FAMILY     COMMERCIAL     INDUSTRIAL     OTHER

UTILITIES: WATER  ON  OFF GAS  ON  OFF ELECTRICITY  ON  OFF WINTERIZED  YES  NO

**PROPERTY OWNER: (IF ADDITIONAL OWNERS – PROVIDE OWNERSHIP INFORMATION ON SEPARATE PAGE)**

NAME: \_\_\_\_\_

CONTACT NAME (IF BUSINESS): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PROPERTY MANAGER / EMERGENCY CONTACT:**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ 24-HOUR PHONE: \_\_\_\_\_

**LEGAL / LITIGATION INFORMATION FOR PROPERTY (FORECLOSURE / BANKRUPTCY):**

CASE NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

COURT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLAINTIFF('S): \_\_\_\_\_

DEFENDANT('S): \_\_\_\_\_

CASE STATUS: \_\_\_\_\_

**TOXIC / FLAMMABLE / HAZARDOUS MATERIALS STORED OR USED ON SITE:**

**MATERIAL NAMES:** \_\_\_\_\_

**LOCATION OF MATERIALS:** \_\_\_\_\_

**ADDITIONAL INFORMATION FOR POLICE / FIRE DEPARTMENT/ PARAMEDICS / EMERGENCY RESPONDERS:**

Make Checks Payable to "City of Madison"

Please fill out the information requested above, sign and deliver or mail this form with payment to:

The City of Madison  
P.O. Box 247  
Madison, KS 66860

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**