



Community Development Department
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 Rochester, MN 55901-7090
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www.rochestermn.gov/departments/building-safety

Vacant Property Registration Application

Per Rochester Code of Ordinances RCO Ch. 7-4-3 through 7-4-9.

Owner(s)	Company Name _____ Name _____ <small>Chief Operating Officer/Owner</small> <small>Last</small> <small>First</small> Address _____ <small>Street</small> <small>City</small> <small>County</small> <small>State</small> <small>Zip code</small> Office/Home phone _____ Cell _____ Email address _____
Manager	Company Name _____ Name _____ <small>Chief Operating Officer/Owner</small> <small>Last</small> <small>First</small> Address _____ <small>Street</small> <small>City</small> <small>County</small> <small>State</small> <small>Zip code</small> Office/Home phone _____ Cell _____ Email address _____
List the names and addresses of all known lienholders and all other parties with an ownership interest in the building: Name: _____ Address: _____ Name: _____ Address: _____ Name: _____ Address: _____ Name: _____ Address: _____ Name: _____ Address: _____	
<u>Vacant Building Information:</u> Address: _____ <small>Street</small> <small>City, State, Zip</small> Number of Units in Building: _____ Type of use: Residential Commercial Mixed Use Approximate Date of Vacancy: _____ Anticipated Date Building will no Longer be Vacant (MM/DD/YYYY): _____ Describe your plan of action for restoring this building to service, include timelines: _____ _____ _____	

Please add extra pages if needed to list additional properties, owned or managed.

Manager Owner Signature _____ Date _____