



LEE'S SUMMIT MISSOURI

ABANDONED RESIDENTIAL PROPERTY REGISTRATION

Date: _____

Property Address: _____

Notice of Default (date of notice): _____

Property Inspection date: _____

Contact Information:

Name of Beneficiary: _____

Address (direct street/office mailing address): _____

City/State/Zip: _____

Phone: _____

Registered Representative: _____

Address (direct street/office mailing address): _____

City/State/Zip: _____

Phone: _____

Local Property Management Company: _____

Name of contact person: _____

Address (direct street/office mailing address): _____

City/State/Zip: _____

Phone: _____

OFFICE USE ONLY

DATE RECEIVED: _____ TRACKING NO.: _____
