



Termination of Vacant Property Registration

I, _____ the owner of the below property, hereby certify that the property meets the requirements as outlined in ordinance 2019-17-O (VFPR), I request the property be inspected and removed from the vacant property registration.

Address		City, State, Zip Code	
Owner's Name		Owner's Address	
Removal Request Date:		Owner's City, State, Zip Code	

Signature_____

Date_____

Staff use only

I, _____ a building inspector for the City of Rockford, have inspected the above listed address and certify that it either meets or does not meet the requirements to be removed from the Vacant Property Registration as listed below.

Is eligible for removal from the Vacant Property Registration

Is not eligible for removal from the Vacant Property Registration

Signature_____

Date_____