



No. \_\_\_\_\_

**RESIDENTIAL VACANT PROPERTY CERTIFICATE OF REGISTRY**  
Hillsboro-Oregon.gov | Hillsboro Municipal Code Subchapter—6.32

**SUBJECT PROPERTY INFORMATION**

**Property Address:** \_\_\_\_\_ Hillsboro, OR 97123/4

**CONTACT INFORMATION**

**Beneficiary/Lender:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Beneficiary/Lender Address:** \_\_\_\_\_

**Agent's Name (if corporation):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Agent's Mailing Address:** \_\_\_\_\_

**Trustee's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Trustee's Mailing Address:** \_\_\_\_\_

**LOCAL PROPERTY MANAGEMENT INFORMATION (all fields must be filled in)**

**Property Management Company:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Property Management's Address:** \_\_\_\_\_

I, the undersigned, hereby affirm that I am duly authorized to act on behalf of all the ownership interests in the above described property: that all information is true and correct; that all information herein will be updated within thirty (30) days of any change; that any and all notices, including but not limited to legal service of process or citation, shall be sufficient if actually received and that failure to comply with all City of Hillsboro codes, rules, ordinances, and registration requirements is subject to citation.

\_\_\_\_\_  
Signature of Trustee/Beneficiary or Agent

\_\_\_\_\_  
Date

Date Received:	<b>FOR OFFICE USE ONLY</b>	Hillsboro Police Dept/VPR PROGRAM 250 SE 10 <sup>TH</sup> Ave Hillsboro, OR 97123 Fax: 503-681-6267	
Approved by:			Please mail or fax completed registration form to the Vacant Property Registry Coordinator. For questions call 503-629-0111.
Date Entered:			