Property Registration Form

Section 1: Property Information

☐ Please check this box when registering multiple properties for the same owner. Please complete and attach an Additional Properties Form.

Title Transfer Date, if applicable (Month/Day/Year): _______________________

Property Tax Key Number: _______________________

Property Address: ____________________________________________________________

Section 2: Ownership Information

Please check the appropriate box and provide the requested information depending on the type of ownership. If pending foreclosure, see last option.

☐ Individual Owner

Owners Name: __________________________________________________________________________

Owners Address: __________________________________________________________________________
(Cannot be a P.O. Box) City State Zip

Owners Phone Number: ____________________________ ☐ Home ☐ Mobile ☐ Business

__________________________ ☐ Home ☐ Mobile ☐ Business

Owners Email: __________________________________________________________________________

☐ Corporation, limited partnership, limited liability partnership, or other similar ownership as registered with the State of Wisconsin

Wisconsin Corporation Identification Number: ________________________________________________

Legal Name of Entity: ___________________________________________________________________

Registered Agents’ Legal Name: ____________________________________________________________

Registered Agents’ Address: __________________________________________________________________ (Cannot be a P.O. Box) City State Zip

Registered Agents’ Phone Number: ____________________________ ☐ Home ☐ Mobile ☐ Business

Registered Agent’s Email: __________________________________________________________________

☐ Trust, Trustee, or Life Estate Holder

Wisconsin Registration Identification Number: ________________________________________________

Registered Agents’ Legal Name: ____________________________________________________________

Registered Agents’ Address: __________________________________________________________________ (Cannot be a P.O. Box) City State Zip

Registered Agents’ Phone Number: ____________________________ ☐ Home ☐ Mobile ☐ Business

Registered Agent’s Email: __________________________________________________________________
Pending Foreclosure

Mortgagor: ________________________________________________________________

Mortgagee: ________________________________________________________________

Case Number: _______________________________________________________________________

Mortgagor or Servicing Agent Legal Name: __________________________________________

Mortgagor or Servicing Agent Address: ________________________________________________
(Cannot be a P.O. Box) City State Zip

Mortgagor or Servicing Agent Phone Number: ________________________  □ Home □ Mobile □ Business

Mortgagor or Servicing Agent Email: ________________________________________________

Section 3: Authorized Contact Person

If the property is non-owner occupied and the owner does not live within the State of Wisconsin and within 100 miles of the property, the following section must be completed. The designated Authorized Contact Person must live within the State of Wisconsin and within 100 miles of the property. Additionally, the Authorized Contact Person will serve as the 24-hour primary contact, responsible for any security, maintenance, or other issues regarding the listed property.

□ Please check this box when providing a designated Authorized Contact Person who lives within the State of Wisconsin and within 100 miles of the property. Please complete and attach the Authorized Contact Person Verification form.

Section 4: Additional Contact Information (Optional)

Please note, this section is optional. Check which contact type is provided in addition to the authorized contact person.

□ Property Management Company □ Registered Agent □ Operator □ Tenant
□ Other: ______________________________

Additional Contact Name: _________________________________________________________

Additional Contact Address: ________________________________________________________
City State Zip

Additional Contact Phone Number: ________________________  □ Home □ Mobile □ Business

Additional Contact Email: _________________________________________________________

Section 5: Signature

Printed Name: _____________________________________________________________________

Signature: _________________________________________________________________________

Signature Date (Month/Day/Year): ___________________________