



VILLAGE OF WEST MILWAUKEE

4755 WEST BELOIT ROAD
WEST MILWAUKEE, WI 53214
TELEPHONE (414) 645-1530
FAX (414) 671-8089
www.westmilwaukee.org

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

_____ Home Mobile Business

Additional Contact Email: _____

Section 5: Signature

Printed Name: _____

Signature: _____

Signature Date (Month/Day/Year): _____