



100 Signal Hill Dr.
Cool Valley, MO 63121
314-521-3500

REGISTRATION FORM FOR VACANT PROPERTY

Date: _____

Property Address: _____

Property Type: Single Family _____ Multiple Family _____ Commercial _____

Utilities: **Water** (On/Off) _____ **Gas** (On/Off) _____ **Electrical** (On/Off) _____

Property **Owner's** Name: _____

Property **Owner's** Residential Address: _____
(**P.O. Box NOT acceptable**; if the owner is business, enter the business address and principal owner's residential address)

Property **Owner's** City, State, Zip: _____

Property **Owner's** Telephone No.: _____ ALT. # _____

Property **Owner's** Email Address: _____

State ID, Driver's License Number or Social Security Number: _____

Property Manager/ Emergency Contact

Company Name: _____

Company Address: _____ City, State, Zip Code: _____

Email Address: _____ Phone #Alt. # _____

State ID, Driver's License # or Social Security Number: _____

Please list the agent's authority, i.e., manage the property, order inspections, authorize occupancy, etc. _____

Property Registration Fee: \$200 Per Property

The City of Cool Valley ordinance section 500.190 Registration and section 500.210 Registration Fee.

Please fill out the information requested above, sign, and deliver. Forms can be mailed or emailed.

Please visit the city website and www.cityofcoolvalley.org

SIGNATURE OF OWNER _____