



City of Florissant Public Works Department

955 Rue St. Francois Florissant, MO 63031

phone 314-839-7648 fax 314-839-7646

RESIDENTIAL VACANT PROPERTY REGISTRATION FORM

The purpose of the City of Florissant Residential Vacant Property Program is to help protect the health, safety and welfare of the citizens by preventing blight, protecting property values and neighborhood integrity avoiding the creation and maintenance of nuisance residential dwellings and buildings. A building or structure will be deemed vacant if the property is not legally or currently occupied. Vacant properties will be monitored for compliance with property maintenance and safety requirements. Residential structures that are vacant or will be vacant for a period greater than 6 months are subject to City Ordinance Section 510.400

Property in violation of property maintenance and safety requirements will be subject to City Ordinance Section 510.400 "Vacant Residential Structure Fees"

PROPERTY ADDRESS
\_\_\_\_\_ Florissant, MO 63031 [ ] 63033 [ ]

Loan Companies ONLY House Vacant & Foreclosure Complete? Yes [ ] No [ ]

PROPERTY OWNER
Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
Phone Number \_\_\_\_\_ E-MAIL Address \_\_\_\_\_

PROPERTY (MANAGER) OVERSIGHT
Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
Phone Number \_\_\_\_\_ E-MAIL Address \_\_\_\_\_

EMERGENCY CONTACT
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Alt. \_\_\_\_\_
Property Owner [ ] Property Manager [ ] Other [ ]

UTILITY STATUS
Gas Service Disconnected [ ] Proper Working Order [ ]
Electric Service Disconnected [ ] Proper Working Order [ ]
Water Service Disconnected [ ] Proper Working Order [ ]

Return completed form with payment of \$200.00 payable to:

City of Florissant 955 Rue St. Francois Florissant MO 63031

AUTHORIZATION

By signing and submitting this document, I am authorizing the City of Florissant to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge and I am granting permission to the City of Florissant authorized staff to access the exterior of the property for inspection purposes.

Office Use Only

SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_ RECEIPT# \_\_\_\_\_
DRIVERS LICENSE OR STATE ID# \_\_\_\_\_ DATE \_\_\_\_\_ CLERK \_\_\_\_\_