



**TOWN OF LOXAHATCHEE GROVES**

**ABANDONED/FORECLOSED PROPERTY  
REGISTRATION FORM**

**As per Ordinance 2011-010 July 5, 2011**

It is the purpose and intent of the Town to establish a process to address abandoned residential real property located within the Town. It is the Town's further intent to specifically establish and abandoned residential property program as a mechanism to protect residential neighborhoods from becoming blighted through the lack of adequate maintenance and security of abandoned properties.

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Palm Beach County Property Control Number: 41-41-43-17-01-\_\_\_\_-\_\_\_\_\_

Recording Info LisPendens: \_\_\_\_\_

Property Address: \_\_\_\_\_, Loxahatchee Groves, Fl. 33470

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Mortgagee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

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Local Representative/Management Company

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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Foreclosure Attorney: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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Registration fees are \$150.00 annually and are to be made payable to The Town of Loxahatchee Groves. Checks are accepted. Payments are to be sent to: The Town of Loxahatchee Groves - 14579 Southern Blvd. Suite 2, Loxahatchee Groves, and Fl. 33417. Mortgagee is responsible to meet the Maintenance, and Security sections of the Ordinance. Ordinance 2011-10 can be viewed in full on the Town website, in the Town Documents section.

**Mortgagee must** notify the Town Office within 10 days of any change regarding the property.

\_\_\_\_ I have read Ordinance 2011-10 and understand the conditions and requirements mandated for the registering and maintenance of this property and have the full authority to sign below.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print name  
\_\_\_\_\_  
Company

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Title

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State of: \_\_\_\_\_ County of: \_\_\_\_\_  
The foregoing instrument was acknowledged before me, the undersigned Notary Public in and for the State of \_\_\_\_\_ on this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Print Name)  
\_\_\_\_\_ (Print Title)

WITNESS my hand and official seal Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Printed, typed or stamped name of Notary Public exactly as commissioned

\_\_\_Personally known to me or \_\_\_ produced identification:

\_\_\_\_\_  
(Type of Identification Produced)

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INTERNAL USE ONLY

Annual Registration Fee of \$150.00 per property paid \_\_\_\_\_, by \_\_\_\_\_, \_\_\_\_\_  
Date Method of Pmt (ck # if applicable)