



City of St. Michael
11800 Town Center Drive NE, Suite 300
St. Michael, MN 55376
Phone: 763-497-2041 • Fax: 763-497-5306

Received Stamp

Vacant Building Registration Application

Date: _____ Address of Property: _____

PID: _____ Legal: Lot ___ Block ___ Subdivision _____

OWNER INFORMATION

Name _____
First Middle Last

Owner's Address _____
(Not Property Address) Street City State Zip

Daytime Phone: () _____ Cell Phone: () _____

Email Address: _____

LIEN HOLDERS INFORMATION

Name _____

Address _____
Street City State Zip

Phone Number: () _____ Contact Person: _____

Date Property Vacant: _____ Expected Time to be Vacant: _____

REALTOR AND/OR PROPERTY MANAGEMENT INFORMATION

Business Name: _____

Address: _____
Street City State Zip

Phone: () _____ Contact Person: _____

**If property is sold or transferred the City of St. Michael must be notified and any required inspections must be completed.*

\$100 Registration Fee Must Accompany Application

Make Checks Payable to: The City of St. Michael
Mail to: 11800 Town Center Drive NE, Suite 300
St. Michael, MN 55376
Attn: Vacant Building Registration

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UTILITIES

Utility Connection Status:

Gas On Off Date: _____ **Electricity** On Off Date: _____

Water On Off Date: _____ Comments: _____

Office Use Only:

Property Inspection: _____ By: _____

Finance:

Fee Paid On: _____ Fee Paid By: _____

Paid: Check Cash Credit Card Fee Assessed: _____ Date: _____

Comments:

Copied to:

Wright County Sheriff's Department: _____
Finance: _____
House File: _____

Bank/Owner: _____
City Attorney: _____
Other: _____