



Vacant Building Registration Program
Assign or Change Designee

I, _____ (print full name), BEING DULY SWORN, DEPOSE AND STATE THE FOLLOWING:

- 1. That I am the legal owner of certain property located at _____, Fort Madison, Iowa.
2. That I do not reside in Lee County, Des Moines County, Henry County, Van Buren County (Iowa), Hancock County or Henderson County (Illinois), or Clark County (Missouri).
3. Therefore, I designate the person listed below to act on my behalf, to accept legal process and notices, and to authorize repairs as required. (Said designee shall reside in Lee County.)
a. Name of Designee: _____
b. Address of Designee: _____
c. Phone # of Designee: _____
d. Email of Designee: _____
4. That I have read the City of Fort Madison's ordinance pertaining to the Vacant Building Registration Program and agree to comply with the requirements of this ordinance. (Title 3, Building; Chapter 9, Vacant Building Registration)
5. That the failure to comply is in violation of the Fort Madison City Code. Any person violating any of the provisions of this chapter shall, upon conviction, be subject to the penalties set forth in section 1-4-1 of this code. Each day that a violation occurs or continues shall be deemed a separate offense. (Ord. D-87, 5-3-2022)

IN WITNESS WHEREOF, under the penalties of perjury, I hereby affix my signature on this ____ day of _____, 20__.

PROPERTY OWNER (PRINT)

PROPERTY OWNER (SIGNATURE)

Subscribed and sworn or affirmed before me this ____ day of _____, 20__.

NOTARY PUBLIC IN AND FOR THE STATE OF IOWA