ROCHESTER COMMUNITY DEVELOPMENT

Community Development Department
4001 West River Parkway, Suite 100
Rochester, MN 55901-7090
Phone: 507-328-2600
Email: rbsrental@rochestermn.gov
www.rochestermn.gov/departments/building-safety

Vacant Property Registration Application

Per Rochester Code of Ordinances RCO Ch. 7-4-3 through 7-4-9.

Owner(s)

Company Name _____

Name _____
Chief Operating Officer/Owner Last First

Address _____
Street City County State Zip code

Office/Home phone _____ Cell _____

Email address

Manager

Company Name _____

Name _____
Chief Operating Officer/Owner Last First

Address _____
Street City County State Zip code

Office/Home phone _____ Cell _____

Email address

List the names and addresses of all known lienholders and all other parties with an ownership interest in the building:

Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____
Name: _____ Address: _____

Vacant Building Information:

Address: _____
Street City, State, Zip

Number of Units in Building: _____ Type of use: Residential ☐ Commercial ☐ Mixed Use ☐

Approximate Date of Vacancy: _____

Anticipated Date Building will no Longer be Vacant (MM/DD/YYYY): _____

Describe your plan of action for restoring this building to service, include timelines:

_____
_____
_____
_____
_____

Please add extra pages if needed to list additional properties, owned or managed.

Manager Owner Signature _____ Date _____