



City of Menasha Application
Vacant Building Registration

SUBMIT TO:
City of Menasha
Dept. of Com. Development
100 Main Street, Suite 200
Menasha, WI 54952-3190
PHONE: (920) 967-3650

Primary Contact and/or OWNER INFORMATION

Owner(s): _____ Date: _____

Owner(s) Address _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Fax: () _____ Other Contact # or Email: _____

Ownership Status (Please Circle): Individual Trust Partnership Corporation

Secondary Contact (Optional)

Owner(s): _____ Date: _____

Owner(s) Address _____ City: _____ State: _____ Zip: _____

Telephone #: () _____ Fax: () _____ Other Contact # or Email: _____

Ownership Status (Please Circle): Individual Trust Partnership Corporation

Property Owner Consent: (required)

By signature hereon, I/We acknowledge that City officials and/or employees may, in the performance of their functions, enter upon the property to inspect or gather other information in accordance with Municipal Ordinance 2-4-8(o) Vacant Building Registration. I also certify that I have read the above mentioned ordinance and understand its rules and regulations.

Property Owner's Signature: _____ Date: _____

BUILDING INFORMATION

Address/Location of Building: _____

Description of Vacant Unit/s: _____

Number of Units Vacant: _____

Date the Unit/s Became Vacant : _____