

For office use only.

Property Registration Form

Department of Neighborhood Services

(As required by City Ordinance 200-51.5)

SECTION 1: Property Registration Fee (Please select the applicable box below.)

A. No Fee for Registration

Updating Registration:
Please indicate which update(s) you are making to previously submitted contact information.

- Address
 Phone
 Other: _____
(Please describe)

Courtesy Registration:
Submitting a non-required registration (ex: vacant lot, etc).

B. \$40.64 Per Tax Key

New Registration:
Submitted *within 15 days* of transfer of title.

New Registration:
Submitted for a single family house or duplex that was previously occupied by the owner.

C. \$81.28 Per Tax Key

New Registration:
Submitted *more than 15 days* after transfer of title. This results in a double registration fee.

The above fees include a 1.6% Training & Technology surcharge.

SECTION 2: Property Information

Please check here when registering multiple properties for the **same owner**. Also, complete and attach an Additional Properties Form.

Title Transfer Date (Month/Day/Year): _____

Taxkey Number: _____

Property Address: _____ **Unit Number:** _____

SECTION 3: Ownership Information

Please check here when submitting information for multiple owners of the **same property**. Also, complete and attach an Additional Owners Form.

Owner Name (Required): _____

Owner Address: _____

Owner Phone Number: _____ Home Mobile Business
_____ Home Mobile Business

SECTION 4: Authorized Contact Person (Required)

The registration may be rejected if a natural person is not provided in this section.

Authorized Contact Person Name: _____

Authorized Contact Person Address: _____
City State Zip

Authorized Contact Person Phone Number: _____ Home Mobile Business
_____ Home Mobile Business

SECTION 5: Additional Contact Information

Please check which contact type is provided **in addition** to the authorized contact person.

- Property Management Company Registered Agent Operator
 Other: _____

Additional Contact Name: _____

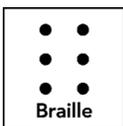
Additional Contact Address: _____
City State Zip

Additional Contact Phone Number: _____ Home Mobile Business
_____ Home Mobile Business

SECTION 6: Signature

Printed Name: _____ Signature: _____ Signature Date (Month/Day/Year): _____	State of _____
	County of _____
	Signed or attested before me on ____/____/____
	_____ Signature of notarial Officer (Seal, if any) My Commission Expires ____/____/____

This material is available in alternative formats for individuals with disabilities upon request. Please contact ADA Coordinator, ADACoordinator@milwaukee.gov, 414-286-3475, TTY: 711. Provide a 72 hour advance notice, seven days for Braille, to ensure accommodation of request.



Make check payable to:
City of Milwaukee

Mail form to:
Property Registration Program
Department of Neighborhood Services
841 N Broadway RM 105
Milwaukee, WI 53202-3613

