City of Milwaukee
Property Registration Program

SELLER NOTIFICATION

SECTION 1: OWNERSHIP STATUS

PLEASE TYPE OR PRINT IN INK!

Date of ownership transfer (MM/DD/YYYY): _____

Is this a land contract sale? ( ) Yes ( ) No

SECTION 2: PROPERTY DESCRIPTION

Taxkey Number _____ Property Address _____

SECTION 3: NEW OWNER

Last Name of Person or Corporation Name, LLC Name, LLP Name, LP Name ,or Name of Trust/Estate

First Name of Person _____ MI _____ Jr., III, etc. _____

(Optional) Street Address _____ City _____ State _____ Zip Code _____

(Optional) Telephone Number: _____

SECTION 4: FORMER OWNER

Last Name of Person or Corporation Name, LLC Name, LLP Name, LP Name ,or Name of Trust/Estate

First Name of Person _____ MI _____ Jr., III, etc. _____

(Optional) Street Address _____ City _____ State _____ Zip Code _____

(Optional) Telephone Number: _____

(Optional) Signature _____ Date _____

If you have any questions or need assistance in completing this form, call the Department of Neighborhood Services at (414) 286-8569. 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.

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

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