City of Milwaukee Property Registration Program

CONTACT RESIGNATION FORM

SECTION 1: RESIGNER INFORMATION **PLEASE TYPE OR PRINT IN INK!**

Check all that apply:

❑ Preferred Contact ❑ Operator ❑ Authorized Contact Person ❑ Registered Agent ❑ Resident Agent (Condo Associations only)

_____ _____ ____ ____
Last Name First Name MI Jr., III, etc.

_____
Entity Name (If applicable)

Phone: _____

Effective _____ I, _____, have resigned from any of the above
Date (Print Name Please)
checked contact types for the property listed below and (if more than one) on the attached sheet for this owner.

Signature _____ Date _____

SECTION 2: PROPERTY DESCRIPTION

_____ _____
Taxkey Number Property Address

SECTION 3: PROPERTY OWNER

_____ _____ ____ ____
Owner Last Name First Name MI Jr., III, etc.

_____
Entity Name (If applicable)

_____ _____ ____ _____
Address City State Zip Code

Phone: _____

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, 7 days for Braille, to ensure accommodation of request

Braille

Large Print

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

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