

Notice of Default Document Recording No.:

If rescinded, provide: Document Recording No.:



## Registration Form for Defaulted or Foreclosed Property

## Instructions:

- A. One (1) completed form is required for each individual property.
- B. Complete this Registration Form and submit it via email as a PDF to the PVPO Administrator at <a href="mailto:DSDCEDPVPO@sandiego.gov">DSDCEDPVPO@sandiego.gov</a>.
- C. Invoices for required fee payments will be mailed after the Registration Form is processed. Submit required fee payments to the City Treasurer as directed on the City-issued Invoice.

Questions? Contact the PVPO Administrator: <a href="mailto:DSDCEDPVPO@sandiego.gov">DSDCEDPVPO@sandiego.gov</a>; 619-236-5500

San Diego Municipal Code, Chapter 5, Article 4, Division 11: Registration of Defaulted or Foreclosed Residential Properties

Provide All Information as Specified					
Date:					
Year of Registration:					
Defaulted/Foreclosed Property	ty Address:				
City:	State:	Zip Code:			
Assessor's Parcel No.:					
7.5565501 51 41 661 110					
Structure Type:					
Structure Type:  Please specify a <u>Designated</u> Company Name:	Contact for regist	ration renewals and payments:  Type:			
Structure Type:  Please specify a <u>Designated</u>	Contact for regist  State:				
Structure Type:  Please specify a <u>Designated</u> Company Name:  Company Address:		Type:			
Structure Type:  Please specify a <u>Designated</u> Company Name:  Company Address:  City:		Type:			

Recordation Date:

Recordation Date:

The responsible party for a property in default shall register the property within 10 calendar days of issuing a Notice of Default (SDMC Section 54.1107).

**Property Status:** 

Is the property currently vacant?:

Foreclosure Sale/Trustee Sale:						
Has a Trustee's Deed Upon Sale been recorded?:						
If "yes," provide: Trustee Sale Document No.:			Recordation Date:			
Did the Beneficiary acquire title to the property at the Trustee Sale?:						
All previously registered properties that remain in the foreclosure process or real estate owned (REO) must be re-registered, and the renewal fee must be paid each calendar year by January 31.						
<b>Beneficiary:</b> (Note: The Beneficiary is not the servicing agent, the trustee or the trustor)						
Beneficiary Name:						
Beneficiary Mailing Address:						
City:	State:	Zip Code:				
Beneficiary Email Address:			Contact Phone No.:			
Designated Agent: (as defined by SDMC Section 54.1102)						
Designated Agent:	Are you the Beneficiary or Designated Agent?:					
Designated Agent Contact Name:						
Designated Agent Mailing Address:						
City:	State:	Zip Code:				
Designated Agent Email Address:			Contact Phone No.:			
The City will prepare the invoice based on your answer to the above question; i.e., if you are the Beneficiary, the City will name the Beneficiary on the Invoice, but the invoice will be mailed to the Designated Contact on Page 1.						
Manager Information:						
Property/Asset Manager:						
Contact Name:						
Property Manager Mailing Address:						
Contact E-mail Address:			Contact Phone No:			
City:	State:	Zip Code:				

If yes, provide a Statement of Intent