

FORM
NC-93
March 2024

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 DSDCEDPVPO@sandiego.gov.
- 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: DSDCEDPVPO@sandiego.gov; 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 Address:

City: State: Zip Code:

Assessor's Parcel No.:

Structure Type:

Please specify a Designated Contact for registration renewals and payments:

Company Name: Type:

Company Address:

City: State: Zip Code:

Contact Name:

Email Address: Contact Phone No.:

Any changes to the information provided on this registration, including change of title, shall be reported in writing within 10 days of the change to Building & Land Use Enforcement.

Notice of Default:

Notice of Default Document Recording No.: Recordation Date:

If rescinded, provide: Document Recording No.: Recordation Date: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).

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.

Beneficiary: (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:

Property Status:

Is the property currently vacant?:

If yes, provide a [Statement of Intent](#)

Visit [our web site](#).

Upon request, this information is available in alternative formats for persons with disabilities.

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