

CITY OF SCAPPOOSE  
VACANT PROPERTY REGISTRATION  
www.ci.scappoose.or.us Scappoose Municipal Code 8.24

**PLEASE SUBMIT TO:** City of Scappoose, City Recorder  
33568 E. Columbia Ave, Scappoose, Oregon 97056  
Tel: (503)543-7146 Email: susanreeves@ci.scappoose.or.us

Today's Date: \_\_\_\_\_ Columbia County Tax Lot #: \_\_\_\_\_  
Name of property owner: \_\_\_\_\_  
Property Address: \_\_\_\_\_, Scappoose Oregon 97056  
Street Address (**Post office boxes are not acceptable**)

Lender name: \_\_\_\_\_  
Lender address: \_\_\_\_\_  
Name of direct contact person for Lender: \_\_\_\_\_  
Telephone number for Lender's direct contact person: \_\_\_\_\_

If neither the property owner nor lender live in or have a business office in Columbia County, then the city code requires the lender to designate a person, **within 30 miles of the vacant property**, responsible for mainlining, inspecting, and protecting this property to standards set forth in the code. (**Refer to Scappoose Municipal Code 8.24**) The code also requires you to supply the following information about this person:

Contact Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Primary Telephone number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Additional Contact Information: \_\_\_\_\_

City Hall	FOR OFFICE USE ONLY	Police Department
Date Received: _____		Date Entered: _____
Date sent to Police Dept: _____		Vacant Property No. _____

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If you have received a written notice from the Scappoose Police Department informing you that the Department reasonably believes your property is a vacant, foreclosed, or abandoned, then you must also furnish the following information:

Name of Owner (may list Agent of Owner if and only if Owner does not live in or have a principal address in Columbia County): \_\_\_\_\_

Physical Address of Owner or Agent: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Primary telephone number: \_\_\_\_\_ Alternate telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

I, the undersigned, hereby affirm that I am duly authorized to act on behalf of all the ownership interests in the above described property: that all information is true and correct; that all information herein will be updated within thirty (30) days of any change; that any and all notices, including but not limited to legal service of process or citation, shall be sufficient if actually received, and that failure to comply with all City of Scappoose codes, rules, ordinances, and registration requirements may subject me to citation.

\_\_\_\_\_  
Signature of Owner/Trustee/Beneficiary or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signature

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