VACANT STRUCTURE REGISTRATION FORM

Building Inspector – City of Nome
102 Division Street
P.O. Box 281, Nome, AK 99762
907.443.6663

Property information

Address of Vacant Structure: _____

Parcel Tax Identification # (if known): _____

Property Type: ☐Single Family ☐Multi-Family ☐Commercial ☐Industrial

Utilities: **Water** ☐On ☐Off **Heat** ☐On ☐Off **Electricity** ☐On ☐Off **Winterized** ☐On ☐Off

Property Owner

Name: _____

Business Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Emergency Contact: _____

Phone: _____ E-Mail: _____

Registration Fee: $25 per Property

Make checks payable to: City of Nome

Please fill out the information requested above, sign and deliver or mail this form to:

City Hall
102 Division Street
P.O. Box 281
Nome, Alaska 99762

_____ _____ _____

Signed Name Date Printed Name