

Foreclosure Registry Program Registration Form

ATTN: Housing Division 801 E. Carson Street Carson, CA 90745

foreclosure@carsonca.gov

Date of Application:		
Foreclosed Residence Address _		
Beneficiary Loan Identific	ation Number	
Date of Deed of Trust		
	of Mortgage	
Assessor Parcel Number		
Los Angeles County Recorder No	otice of Default Date:	
Notice of Default Recordation Nu	mber	
Beneficiary		
	()	
Email Address		
Contact Person	Contact Phone	
> Trustee		
Mailing Address (No P.O. Box) _		
Email Address		
Contact Person	Contact Phone	

Lender			
Email Address			
Contact Person		Contact Pho	one
Property Mana	igement/Preservatio	on Company _	
Mailing Address (N	o P.O. Box)		
Email Address			
			ne
Total Annual Fee of \$	3405.00		
Please check one:	Yearly Re	gistration	Updated Registration
Ist of each year and mage of each year and each year.	ust be received no la ted . If the City of Card, the City will providence. If the lender fail shall be liable to pay ne second violation, sion is corrected. Any	ter than Januar rson determines le written notific s to comply with a penalty in the \$1000.00 for the changes to the	strations and fees will be due January 31st of the year due. Registration is that a lender has failed to register cation to the lender of their failure to hin ten (10) days of the City's written e amount of \$250.00 for the first e third violation and each subsequent information required must be 10 days of the change.
SUBJECT TO THE RE OF CARSON PLANNI	SIDENTIAL PROPE NG DIVISION FOR I PROPERTY PRIOR	RTY REPORT	ISFERRED IN THE CITY IS OF THE CITY. CONTACT THE CITY MATION REGARDING THE E OR TRASNFER UNDER THE
such regulatory inspec set forth in this applica	tions on the listed pro tion are true and corr terms. Please sign b	operty above. The cet to the best p	nsent to the City of Carson to conduct he undersigned declares that the facts personal knowledge and he/she has n notice of default and registration
Date: Pri	nt Name:	Si	gnature: