



**City of Marshall**  
**214 N. Lafayette**  
**Marshall, MO 65340**  
**Phone: 660-886-2226**  
**www.marshall-mo.com**

**Semi-Annual Registration Fee:**  
**\$200.00 per Residential Property**  
**\$0.15 per sq ft per Commercial Property**

## REGISTRATION OF ABANDONED STRUCTURE

Ordinance No. 8605 of the City of Marshall, Missouri provides for the identification and registration of **abandoned and/or Vacant structures**. The ordinance requires owners of abandoned structures to register such properties and pay a semi-annual registration fee. If you own a building meeting the definition as provided in this ordinance, *please complete, sign and return this form to:*

**Department of Inspection, 214 N. Lafayette, Marshall, MO 65340**

*If contact information changes, the City of Marshall shall be notified within seven days of the change.*

*Registration requires all of the following information:*

1. Owner	See information below for requirements
Name	
Mailing Address (No PO Box)	
City, State Zip Code	
Office Phone Number	
Cell Phone Number	
Date of Birth	
Email Address	
2. Property Manager	
Name	
Mailing Address (No PO Box)	
City, State, Zip Code	
Office Phone Number	
Cell Phone Number	
Email Address	

1. The legal names of all owners of the property;
2. The complete mailing address of all owners;
3. Telephone numbers of each owner, including cell phone and mobile phone numbers;
4. Date of birth of all owners.
5. If the property is owned by a corporation, limited liability company, partnership, limited partnership, trust or real estate investment trust, the name, address and phone number of the any of the following shall be provided:
  - a. For a corporation, a corporate officer and the chief operating officer;
  - b. For a partnership, the managing partner;
  - c. For a limited liability company, the managing or administrative member;
  - d. For a limited partnership, a general partner;
  - e. For a trust, a trustee; or
  - f. For a real estate investment trust, a general partner or an officer.
6. If more than one owner please submit additional registrations or attach list of all additional owners with all required information.

**3. Registration is being completed for:**

Type	Name	Address	Phone Number
<input type="checkbox"/> Corporation	Corporate Officer:  Chief Operating Officer:		
<input type="checkbox"/> Partnership:	Managing Partner:		
<input type="checkbox"/> Limited Liability Company (LLC)	General Partner:		
<input type="checkbox"/> Trust	Trustee:		
<input type="checkbox"/> Real Estate Investment Trust	General Partner or Officer:		

**4. Contact this person for Emergencies or Violations. This person MUST be a resident of the City of Marshall or reside within 50 miles of the city limits.**

Name	
Mailing Address (No PO Box)	
Office Phone Number	
Cell Phone Number	
Email Address	

The full name, address, telephone number, and email address of a local agent or representative authorized by the owner to handle the affairs of the property. The local agent or representative shall be an individual over the age of 18 years. For the purpose of this subsection, "local" shall mean a person who resides within the City of Marshall or within fifty (50) miles of the City limits and may be one of the owners. If the local representative is not an owner, the owners shall provide proof that the local representative is authorized to act on the owner's behalf.

**5. List all residential property owned by this Owner; use another sheet if necessary or attach list**

Address of Abandoned Building	Reason and Estimated time of Vacancy	Plans for Restoration, Reuse, or Removal including Timeline and/or Work Schedule

**The information provided above is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Relation to owner: \_\_\_\_\_

Date: \_\_\_\_\_

*Individuals needing to request accommodations or assistance in completing this form as required under the Americans with Disabilities Act please contact the Department of Inspection at 660-886-2653. Please allow three business days to process the request.*

