



Town of Apple Valley

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14955 Dale Evans Parkway • Apple Valley, California 92307

Apple Valley Foreclosed Property Identification Form

The real estate offices of _____ and agent _____

Cell # _____ Office: _____ E-mail: _____

Has been contracted by the (circle one) owner of record / asset manager / property manager / lending institution / banking institution of:

Contact: _____ Phone: _____ E-mail _____

For the sale of the foreclosed / real estate owned / short sale subject property located at

_____ APN: _____

To register multiple properties, list additional addresses on page 2.

(Fill out where applicable)

Code Enforcement: _____ Case#: _____

And is requesting:

_____ Agent information be kept on file and to be notified of any problems with the property

_____ Information regarding pending code violations

To obtain Request for Pay-Off information, go to www.applevalley.org click on tab "I want to", click "Request lien demand", follow instructions on form.

Other: _____

Signed: _____

Fax form to 760-240-7046 or e-mail to code@applevalley.org



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Additional Foreclosed Property Identification List

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____