



WINDSOR  
HEIGHTS  
the heart of it all

# City of Windsor Heights

www.windsorheights.org

1145 66th Street, Suite 1 • Windsor Heights, Iowa 50324

Phone 515-279-3662 • Fax 515-279-3664

## VACANT PROPERTY REGISTRATION APPLICATION

**ATTENTION: This application must be completed (both pages/all questions) and returned to Windsor Heights City Hall within 10 days of receipt. Failure to do so may result in Code Enforcement action being taken.**

Please submit application to Deputy City Clerk Nate Leuthold at Windsor Heights City Hall, either by mail or email.

**Address:** 1145 66th St, Suite 1  
Windsor Heights, IA 50324

**Phone:** 515-645-6826

**Email:** nleuthold@windsorheights.org

**Application Fee: \$75.00**

Payment Type: ☐ CC ☐ Cash ☐ Check

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

Received by: \_\_\_\_\_

Property Address: \_\_\_\_\_

Type of Property: Commercial \_\_\_\_\_ Residential \_\_\_\_\_

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

Property Owner(s) Name: \_\_\_\_\_

*The owner's names as it appears on Polk County Assessor's Records.*

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

*If mailing address is a PO Box, a physical address must also be provided.*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_

If property is owned by a business, corporation, or partnership please provide the name of person authorized to sign for the business, corporation, or partnership: \_\_\_\_\_

Business Tax ID # \_\_\_\_\_

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

**ONLY AN INDIVIDUAL OWNER OR A LISTED OFFICER OR A CORPORATION, BUSINESS, TRUST OR PARTNERSHIP IS AUTHORIZED TO SIGN THIS DOCUMENT. YOU MUST PROVIDE PROOF OF RIGHT TO SIGN FOR CORPORATION, BUSINESS, TRUST OR PARTNERSHIP AND A COPY OF THE SAME SHALL BE INCLUDED WITH THIS APPLICATION. APPLICATION WILL NOT BE ACCEPTED IF THE LISTED OWNER DOES NOT MATCH POLK COUNTY ASSESSOR SITE.**

**NOTICE: THE INFORMATION PROVIDED IN THIS APPLICATION IS PUBLIC RECORD. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

The appointment of a management agent is required if the owner of a residential rental property resides outside of Polk County or any county contiguous to Polk County. The owner shall provide the City of Windsor Heights with the name and physical address of an individual over the age of 18 who shall reside in Polk County or any county contiguous thereto to act as the contract person appointed to manage the property.

**Management Agent Information:**

\_\_\_\_\_  
Name of company

\_\_\_\_\_  
Name of management agent

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

\_\_\_\_\_  
Business Tax ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Physical address

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_

The management agent will receive copies of notices and invoices of violations issued pursuant to the Vacant Property Registration Code in connection with the enforcement of the ordinances relating to this property.

All notices of violations issued pursuant to the Vacant Property Registration Code, invoices, and service of court proceedings in connection with enforcement of the ordinances relating to this property will be sent to or served on the owner at the address provided in this application.

I hereby acknowledge that I have completed this application and state that the information contained therein is correct.

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

**Owner's Signature**

\_\_\_\_\_  
**Printed Name**

ANY OWNER WHO FAILS TO RETURN THIS COMPLETED APPLICATION TO THE WINDSOR HEIGHTS CITY HALL SHALL BE GUILTY OF A MUNICIPAL INFRACTION PUNISHABLE BY CIVIL PENALTY AS PROVIDED BY SECTION 182.21 OF CITY CODE.