

Foreclosure Registry Requirements

Payment of the non-refundable fee in the amount of \$100.00 is due upon registration (payable to Troup County). Registration is not complete until a correctly prepared form is printed, submitted and payment received by the Marshal Office. Registration form and payment must be received by the Marshal Office within 30 consecutive calendar days of the date of foreclosure sale or proceeding where property was retained by creditor or mortgagee. Troup County Marshal Office, 100 Ridley Avenue, Room 1900 LaGrange, GA. 30241. Attn: Foreclosure Registry Clerk

Foreclosure Registry Agent Information

Property agent means any person or entity empowered by a creditor, mortgagee, or transferee, as it pertains to the foreclosed real property, with authority: (1) to ensure security and maintenance; (2) to comply with code enforcement orders issued by the County; (3) to provide a trespass authorization upon request of an enforcement officer; (4) to conduct inspections; (5) to accept rental payments from tenants, if no management company is otherwise employed; and (6) to serve as an agent authorized to receive any citation under this Chapter and notice pertaining to any court proceeding or administrative enforcement proceeding in connection with the enforcement of this Chapter.

Foreclosure Registry Agent Address Requirements

The property agent must be local. Contact information on the agent should include name, phone number(s), address, email address.

Foreclosure Registry Purchaser Information

If the property is retained by the creditor/mortgagee, enter contact information in this section.

If the property is subsequently transferred, enter contact information to which the property is transferred.

Foreclosure Registry Seller Information

Person or entity that foreclosed on the property.

Foreclosure Registry Borrower/Mortgagor Information

Person or entity whose property was foreclosed upon. If there are multiple borrowers, list the 1st name that appears on the security deed.

Local Property Agent

Name _____

Address _____

Phone Number _____

Cell Number _____

Fax _____

E-mail _____