

V.A.P Property Referral

** Please fill out the form below to best of your knowledge based on the information you have below **

Date:

Address:

Parcel ID:

Is the property CDQ (Certified Tax Delinquent)? Y N- **If yes, what year:**

Reason for Referral/ Condition of the Property:

Are there Code and/or Building Orders Open?

Is there a Court Case filed, please provide case number:

Please provide any additional information regarding current ownership and/or possible end use of the parcel:

Please attach any current photographs of the property that are available.

Referred By: _____

Please return the form and supporting documentation via email to vap@columbus.gov
Or by hardcopy: VAP, Dept. of Development, 50 W. Gay St., Columbus, Ohio 43215