

**REGISTRATION OF LAND REUSE
AGENCY OR MUNICIPAL LAND BANK**

Form LRA-1
Rev. 3/2019



West Virginia Secretary of State
Business & Licensing Division
Tel: (304)558-8000
Fax: (304)558-8381
Website: www.wvsos.gov

FILE ONE ORIGINAL
(Two if you want a filed stamped
copy returned to you.)

FILING FEE: NO FEE

Purpose of this Form:

Pursuant to W. Va. Code §31-18E-2, land reuse agencies and municipal land banks are public bodies that may be created by municipalities and counties to facilitate the return of vacant, abandoned and tax-delinquent properties to productive use.

Requested Information:

Please complete this form with the information specified in the ordinance submitted pursuant to W. Va. Code §31-18E-4. Please note that this form is NOT required. However, completing and submitting this form will streamline the creation and registration process for new land reuse jurisdictions.

PLEASE NOTE: Original paperwork is kept by this office. You must include a copy of the original filing if you want a file stamped copy returned to you at no extra charge.

REGISTRATION OF LAND REUSE AGENCY OR MUNICIPAL LAND BANK

A. **Name of the Land Reuse Agency
or Municipal Land Bank:** _____

B. **Number of Board Members** (must be an odd number: at least 5, no more than 11): _____

C. **Term of Office of Board Members:** _____

D. **Initial Board Members' Names and Positions Held:**

Board Member Name:	Position Held:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____

Continued on page 2.

E. Description of Board Members' qualifications:

F. Description of Board Members' manner of selection or appointment:

G. Additional terms and conditions the land reuse jurisdiction deems reasonable and necessary for operation of the land reuse agency that are not inconsistent with W. Va. Code §31-18E-1 et seq.:

Please select "Yes" or "No" and provide any additional necessary information below:

H. **Yes** **No** The above-named Land Reuse Agency or Municipal Land Bank is being formed with an *Intergovernmental Cooperation Agreement* in combination or collaboration with one or more other land reuse jurisdictions under W. Va. Code §31-18E-4(c) and/or (f).
If "Yes", please submit the agreement with this application.

I. **Yes** **No** Have any supplemental rules and/or guidelines been adopted?
If "Yes", please submit any rules and/or guidelines with this application.

J. **Yes** **No** Have any ethical guidelines been adopted?
If "Yes", please submit any guidelines with this application.

K. You must CHECK THIS BOX confirming the ordinance is attached with this registration (**required**).

L. Contact and Signature Information* (See below *Important Legal Notice Regarding Signature*):

Contact person name (in case of problem with filing): _____ Phone: _____

Print Name of Officer/Agent Completing this Form: _____

Signature of Officer/Agent: _____ Date: _____

**Important Legal Notice Regarding Signature:* Per West Virginia Code §31D-1-129. Penalty for signing false document. Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.

Important Note: This form is a public document. Please do NOT provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.



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Customer Order Request **SUBMIT THIS COMPLETED FORM WITH YOUR FILING.**

* For expedited service or to obtain certified copies of the filing, please contact the Business Division by phone at (304) 558-8000 or by e-mail at business@wvsos.gov for more information.

Name of Entity: _____

Return filing to:
 (Return Address) _____

Contact Name: _____ Phone: _____

Return Delivery Options: Email or Fax options do not receive a copy via mail; must be ordered separately.

Email to: _____ Fax to: _____

Hold for Pick Up Mail to Return Address above FedEx: Acct # _____

Other (explain below): _____ UPS: Acct # _____

Order Description (include items being ordered and any fee breakdown, where applicable):

SEND THE COMPLETED REGISTRTRION BY ONE OF THE FOLLOWING METHODS:

- E-MAIL to business@wvsos.gov
- FAX to one of the Business Center fax numbers listed below
- MAIL to one of the Business Centers listed below
- WALK IN delivery to one of the Business Centers listed below (Drop off service will be filed within 5-10 business days.)

BUSINESS SERVICE CENTERS
Standard and Expedited Filings

<p><u>Charleston Office</u> One-Stop Business Center 1615 Washington Street East Charleston, WV 25311 Phone: (304) 558-8000 Fax: (304) 558-8381 Hours: Mon. - Fri. 8:30a - 5:00p EST</p>	<p><u>Clarksburg Office</u> North Central WV Business Center 200 West Main Street Clarksburg, WV 26301 Phone: (304) 367-2775 Fax: (304) 627-2243 Hours: Mon. -Fri. 9:00a - 5:00p EST</p>	<p><u>Martinsburg Office</u> Eastern Panhandle Business Center 229 E. Martin Street Martinsburg, WV 25401 Phone: (304) 356-2654 Fax: (304) 260-4360 Hours: Mon. - Fri. 9:00a - 5:00p EST</p>
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