

Print or Type Clearly.

Rental Property Location

Date Stamp
(for department use only)

Address _____ Unit # _____

Permit Parcel Number _____

The number of units within the rental property: _____

The maximum number of occupants permitted in each dwelling unit: _____

Owner Information

Please check type of ownership: Individual (), Sole Proprietorship (), Corp. (), Trust (), Other. ()

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Mobile: () _____ Email: _____

Statutory Agent: _____

If the owner is a partnership, corporation, or trust, complete the following for the one partner, officer, or trustee:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Mobile: () _____ Email: _____

Operator/Manager or Contact Person

Complete only if the owner uses the service of an operator or contact person, or if the owner is a business entity.

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Mobile: () _____ Email: _____

If the operator/manager is a partnership, corporation, or trust, complete the following for the one partner, officer, or trustee:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Mobile: () _____ Email: _____

Statutory Agent: _____

One to four Units: \$25.00. 5-49 Units: \$50.00. 50-above: \$100.00

Each time the registrant adds an additional unit to the registration, there shall be a Ten Dollar (\$10.00) charge per unit, which shall be the only charge for that unit until the renewal date for that unit. (the "Interim Registration Fee")

Date: _____

Signature of Owner, or Agent Responsible for the property Check if Owner Check if Agent