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